

# ANNUAL REPORT

2018/19



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA







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## NATIONAL DEPARTMENT OF HEALTH

# Annual Report 2018/2019

RP: 319/2019  
ISBN: 978-0-621-47838-9



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# GENERAL INFORMATION

## PART A

## 1.1 Department's General Information

### National Department of Health

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### 1.3 Foreword by the Minister



The status and impetus of the National Health Insurance was solidified when the NHI was elevated as a Presidential key priority. The health compact was one of the deliverables of the first Presidential Health Summit which was convened on 19<sup>th</sup> and 20<sup>th</sup> October 2018. The President of South Africa and the representatives of stakeholder groups jointly signed the health compact to ensure the interventions are implemented collectively by government and all stakeholders.

In March and April this year, the Ministry crisscrossed the country dialoguing with managers who are at the coalface of health service delivery. Most of the dialogue focused on improving the quality of health care services as a measure to avoid fruitless expenditure on medical negligent litigation; that public money could well be spent on employing more staff and buying direly needed equipment to improve the working condition of our employees. In the engagement with health managers, it became crystal clear that *quality* is critical to achieving effective universal health coverage (UHC). Resilient health services require quality as a foundation. The success and value of UHC depends on its ability to provide safe, efficient, quality services to all people, everywhere.

In this era of the new dawn, we will move away from debating about the efficacy of the NHI as a necessary instrument in achieving UHC. We will work hard to ensure that NHI is legislated and incrementally implemented.

We want to ensure that everyone can use the health services available in our country whenever they need them without the risk of financial ruin or impoverishment, no matter what their socio-economic situation. The overarching concept of NHI takes a broad view of the quality services that are needed for good health and well-being.

These services range from clinical care for individual patients to the health services that protect the health of the

whole population. They include services that come from both within and beyond the health sector. *Financial risk* protection is one element in the package of measures that provides overall social protection, as well as the protection against severe financial difficulties in the event of illness, gives the peace of mind that is an integral part of well-being.

We have said this repetitively: the goal of universal health coverage is also to express concern for equity and for honouring everyone's right to health regardless of the socioeconomic status. These personal and moral choices regarding the kind of society that people wish to live in, take universal coverage beyond the technicalities of health financing and clinical care.

With NHI, we want to ensure that our children are healthy and better able to learn, and adults are healthy and better able to contribute socially and economically.

The path to universal health coverage has also been termed 'the third global health transition', after the demographic and epidemiological transitions. It is no longer an option but a *must*.

Universal coverage is now an ambition for all nations at all stages of development. The implementation and priorities for action clearly differ between countries, but the higher aim of ensuring that all people can use the health services they need without risk of financial hardship is the same everywhere. This is even so taking into account the history of our country and the fact that our country is the most unequal society on earth.

Under the concept of universal health coverage, there would be no out of pocket payments that exceed a given threshold of affordability – usually set at zero for the poorest and most disadvantaged people. We should therefore decide what package of health services is needed, and how to make sure the services are universally available, affordable, efficient, and of good quality.

Guided by Chapter 10 of the National Development Plan, we formulated Programme of Actions premised on the Outcome 2: *Long and Healthy Life for All South Africans*.

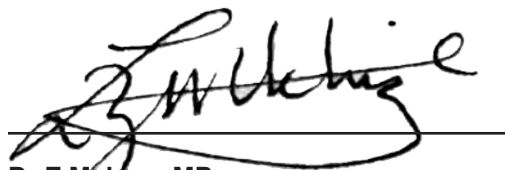
Evidence from Statistics South Africa shows that South Africans are now living longer than before; the overall life expectancy at birth was 67.3 years for females and 61.1 years for male in 2018. These improvements have largely been attributed to the improved coverage and effectiveness of the government ART programme which started in 2004 and escalated from 2009 onwards. More than 5 million South Africans are on Antiretroviral therapy of which just more than 4.6 million people living with HIV were receiving free ARVs from the public health facilities at the end of 2018/19 financial year.

The HIV-free generation is likely reality in our lifetime so long as our HIV prevention strategies remain effective and implemented properly. The prevention of mother-to-child transmission programme has been found to be effective by a longitudinal study of the Medical Research Council. The risk of early (six weeks postpartum) mother-to-child transmission of HIV dropped from approximately 25-30% prior to 2001 to an estimated 1.4% in 2016. At the end of



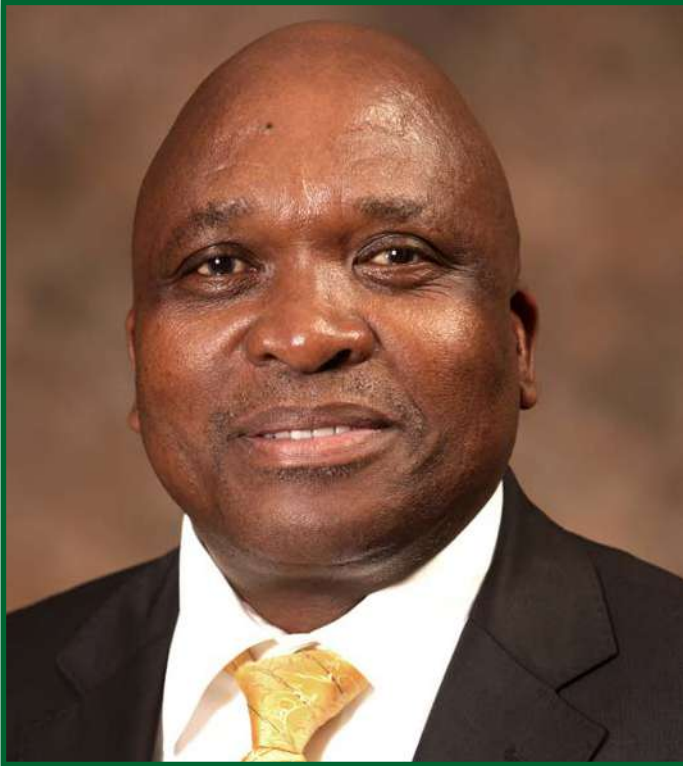
2018/19 financial year, only 0.74% (1385 of 187 879 infants) of infants born to HIV positive mothers who received ART were HIV positive. Just over 95% of pregnant women infected with HIV received ARVs during their pregnancy in 2018/19 financial year. The public health system will continue to provide them with ARVs for as long as they are alive. According to results of HIV and Behavioural Survey of Human Sciences Research Council, the rates of new HIV infections are also dropping. The surveys show declines from 1.5 new cases per 1000 (2008-2012 survey) to 1 new case per 1000 population ((2012-2017 survey) among 15 to 24 years of age. The new cases per 1000 population in the 15-49-year age group also declined from 1.9 new cases per 1000 to 0.8 case per 1000 population.

This year, the Ministry of Health will implement a plan of measures aimed at increasing and maintaining those who are on ARVs; and designing and improving our primary health services to cater for men even after working hours. This will further increase the life-span and productivity of our people.



**Dr Z Mkhize, MP**  
**Minister of Health**

## 1.4 Statement by the Deputy Minister



The promotion of health and prevention of disease took to the world stage in September 2018 when World Leaders gathered in New York at the United Nations to discuss plans to stop the spread of Tuberculosis and also recommit themselves to the prevention of Non-Communicable Diseases. This momentum is going to be sustained in 2019 when World Leaders will again gather at the United Nations in September to discuss the roll out of Universal Health Coverage in their countries.

Health has also become a permanent feature of the World Economic Forum in Davos and G20 meetings. These are indeed encouraging signs that the world is increasingly putting health at the centre of development. We are grateful that as South Africa we have a president who understands that putting resources and energy in the health of your nation is a long term investment in economic prosperity, a healthy workforce is good for economic growth.

It is within this context that we welcome the acceleration in momentum in the introduction of Universal Health Coverage for South Africa in the form of the NHI. Over the last 25 years of freedom we have made a lot of progress in improving the quality of life of South Africans through expansion of basic services such as clean water, electricity

and housing. We however at the same time allowed the worsening of inequality in access to quality health services by allowing unfettered commercialization of health and the NHI is a means to claw back lost ground.

As we accelerate reform of our health services we are conscious of the fact that we remain in the grip of the quadruple burden of diseases. While we have made progress with management of infectious diseases especially HIV and AIDS and TB, Non-Communicable diseases are still on the rise. We have taken a number of regulatory steps to protect our citizens against unhealthy diet such as excessive salt and sugar in pre-prepared foods. We are also tightening legislation and regulations to protect our people against tobacco use we are also working with the DTI to restrict advertising of alcohol.

Health human resources are very key if we are going to implement a successful NHI. We are therefore grateful that the Nelson Mandela–Fidel Castro programme is going to deliver hundreds of young doctors well trained in Primary Health Care. We are also pleased that the bedrock of PHC which is the nursing profession is in an advanced stage of re-engineering its curriculum back to emphasis on bedside training.

We are pleased with the foundation which was laid over the last financial year and are looking forward to ground breaking advances as we move towards Universal Health Coverage.

**Dr J Phaahla, MP**  
Deputy Minister of Health

## 1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa



### 1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa

#### 1.5.1 Overview of the operations of the Department

##### 1.5.1.1 Strategic issues facing the Department

a) The Department of Health continues to build a strong integrated national health system to respond to the priority challenges, including:

- a complex, quadruple burden of diseases which consists of communicable diseases such as HIV and AIDS and TB, as well as a rise in non-communicable diseases. The associated mortality is compounded by a high maternal mortality ratio, child mortality rates as well as high rates of violence, injuries and trauma;
- serious concerns about the quality of public health care;
- an ineffective and inefficient health system; and
- spiraling private health care costs.

b) South Africa is implementing National Health Insurance (NHI) as a means to achieve Universal Health Coverage (UHC). NHI will change how commodities are acquired, the services are rendered and paid for in public and private health sectors in the country. It aims to provide increased population and service coverage; and well as financial risk protection for the poor, marginalised and most vulnerable people. NHI needs to address the rising costs of private healthcare in the country, and inequitable financing of health care. The challenges in the South African private healthcare market were described by the Competition Commission Health Inquiry (2018) as characterised by high and rising costs of healthcare and medical scheme cover,

highly concentrated funders, rising out of pocket payments, disempowered consumer and uninformed consumers, absence of value-based purchasing, ineffective controls on rising volumes of care, poor regulation of private sector and poor accountability at various levels.

c) The National Development Plan (NDP) 2030 sets out the vision for the South African health system to achieve “A long and healthy life for all South Africans”. It sets out the 2030 targets as:

- i. a life expectancy rate of at least 70 years for men and women;
- ii. a generation of under-20s largely free of HIV;
- iii. a reduced quadruple burden of disease;
- iv. an infant mortality rate of less than 20 deaths per thousand live births and under-five mortality rate of less than 30 deaths per thousand live births;
- v. a significant shift in equity, efficiency, effectiveness and quality of health care provision;
- vi. universal health coverage, and
- vii. a significant reduction in the risks by the social determinants of disease and adverse ecological factors.

d) The Department is implementing the Medium-Term Strategic Framework (MTSF) 2014-2019 which are aligned to the Strategic Plan and the Annual Performance Plan of the department, and supports realisation of NDP goals. The MTSF outcomes are:

- Universal Health Coverage progressively achieved through implementation of National Health Insurance;
- Improved quality of health care;
- implementation of the re-engineering of primary health care;
- reduced health care costs,
- improved human resources for health,
- improved health management and leadership,
- improved health facility planning and infrastructure delivery;
- HIV&AIDS and Tuberculosis prevented and successfully managed;
- maternal, infant and child mortality reduced; and
- efficient health management information system developed and implemented for improved decision making

e) South Africa continues to experience downward mortality trends, which are largely attributable to significant reduction in the Maternal, Child and Infant Mortalities, and the expansion of HIV prevention programme and antiretroviral therapy programme

f) The table below depicts progress made with life expectancy at birth, childhood and maternal mortalities in South Africa.

2019 Target	Baseline 2014	Recent Figures	Data Source
Life expectancy of at least 65 years by March 2019	62.9 years	64.2 years (2017)	Rapid Mortality Surveillance Report 2017
Life expectancy of at least 61.5 years amongst males by March 2019	60.0 years	61.2 years (2017)	Rapid Mortality Surveillance Report 2017
Life expectancy of at least 67 years amongst females by March 2019	65.8 years	67.6 years (2017)	Rapid Mortality Surveillance Report 2017
33 under 5 deaths per 1,000 live births by March 2019 (25% decrease)	39 under 5 deaths per 1,000 live-births	32 deaths per 1000 live births (2017)	Rapid Mortality Surveillance Report 2017
8 neonatal deaths per 1000 live births	14 neonatal deaths per 1000 live births	12 deaths per 1000 live births (2017)	Rapid Mortality Surveillance Report 2017
23 infant deaths per 1000 live births (15% decrease)	28 infant deaths per 1000 live births (25% decrease)	23 deaths per 1000 live births (2017)	Rapid Mortality Surveillance Report 2017
<100 maternal deaths per 100,000 live births by March 2019	269 maternal deaths per 100,000 live births (2010 data)	134 deaths per 100 000 live births (2017)	Rapid Mortality Surveillance Report 2017

### 1.5.1.2 Significant Events that have taken place during the year

- a) The first Presidential Health Summit, held on 19 and 20 October 2018, brought together key stakeholders from a wide range of constituencies in the health sector, to deliberate and propose solutions to address the challenges facing the South African health system. There was a unanimous support for the principles of National Health Insurance (NHI), which include: universal quality health care, social solidarity and equity in health access, and a call for NHI and its implementation. The Post-Presidential Health Summit Working Group has prepared a health compact to be jointly signed by the President of South Africa and representatives of stakeholder groups. The signing will aim to ensure that the interventions are implemented collectively by government and all stakeholders. The Compact focussed on the following priority areas:
- Health Human Resources Operational Plan and financing strategy
  - Improved management of Supply Chain Medical Products, Equipment and Machinery
  - Infrastructure Plan that ensures that health facilities are adequate and maintained
  - Private Sector Engagement in the improvement and the provision of health care
  - Quality of Health Services provided
  - Improved the efficiency of Public Sector Financial Management processes
  - Improved Leadership and Governance of the health system at all levels
  - Engaged the Community to ensure that there is adequate community based care
  - Information System development to help to manage the health system
- b) South Africa is one of the 18 countries that participated in the Lancet Global Health Commission on High-Quality Health Systems in the Sustainable Development Goal (SDG) Era. The Commission completed its enquiry by publishing a report in September 2018. High-quality health systems should be informed by four values: they should be people-centred, equitable, resilient, and efficient. The foundations of high-quality health systems include the population and its health needs and expectations; governance of the health sector and partnerships across sectors; platforms for care delivery; workforce numbers and skills; and tools and resources, from medicines to data. Health systems also need to develop the capacity to measure and use data in order to learn efficiently.
- c) The South African Lancet National Commission was launched in 2017 and released its report 'Confronting the Right to Ethical and Accountable Quality Health Care in South Africa' in 2019. The report recommends that (i) quality of care should be revolutionised; (ii) governance and leadership should be enhanced with regard to quality and equity; (iii) quality of care should be measured, monitored and evaluated; and (iv) there should be investment in and transformation of human resources for health in support of quality of care. A national workshop of national and provincial
- g) The Prevention of Mother-to-Child Transmission (PMTCT) programme began 15 years ago. In 2015, the national policy introduced lifelong triple antiretroviral therapy (ART) for all HIV-positive pregnant and lactating women (PMTCT Option B+), and three-monthly HIV testing of HIV-negative pregnant and lactating women. Consequently, the risk of early (six weeks postpartum) mother-to-child transmission of HIV (MTCT), dropped from approximately 25-30% prior to 2001 to an estimated 1.4% in 2016. The rate was 0.74% at the end of the 2018/19 financial year. In the 2018/19 financial year, 95.8% of pregnant women infected with HIV were started on ART in public health facilities.
- h) Morbidity and mortality patterns in South Africa are changing. Non-communicable diseases (NCDs) such as diabetes, certain forms of heart disease, and cerebrovascular and hypertensive disease account for more deaths than communicable diseases such as HIV and malaria.
- i) Exclusive focus on health care does not have a sustainable impact on health status. Social determinants of health and quality of care are two important drivers of health outcomes that need to be addressed. The Lancet Global Health Commission on High Quality Health Systems proposed that "health systems must be judged primarily on their impacts, including better health and its equitable distribution; on the confidence of people in their health system; and on the economic benefit, and processes of care, consisting of competent care and positive user experience". The Commission argues that "Universal Health Coverage (UHC) can be a starting point for improving the quality of health systems. Improving quality should be a core component of UHC initiatives, alongside expanding coverage and financial protection".

Departments of Health was convened on 19 and 20 March 2019 to discuss the findings and practical implications of both the Lancet Global Commission and the Lancet National Commission. The workshop also included presentations on key outcomes of the Presidential Summit on Health, the War Room on National Health Insurance, and Quality of Care. The workshop was attended by the Minister of Health, the Deputy Minister, Members of the Executive Council (MECs) for Health, the Director-General and Heads of Health in provinces, the National Lancet Commissioners, Deputy-Directors General (NDoH), the Deputy-Director General (the Presidency), representatives of the Office of Health Standards Compliance, and senior and middle-level managers from National and Provincial Departments of Health.

- d) In August 2018, a National Indaba on Human Resources for Health was held to develop the HRH strategy. Subsequent to the Indaba, a Ministerial Task Team was established to support and advance the development of the HRH Strategy. It is envisaged that the Ministerial Task Team will complete its work and the Strategy will be published by the end of the 2019/20 financial year.

#### 1.5.1.3 Major projects undertaken or completed during the year

- a) The draft National Health Insurance Bill and Medical Schemes Amendment Bill were published on 30 June 2018 in government gazette for public comments. The revised National Health Insurance Bill was submitted to Cabinet in December 2018.
- b) The 2018/19 financial year marked the fourth years of implementation of the Ideal Clinic Realisation and Maintenance Programme since it was initiated in August 2014. At the end of 2018/19 financial year, PHC facilities qualifying as ideal clinics increased to 1920 PHC facilities from 1 507 facilities at the end of 2017/18 financial year.
- c) The number of patients registered on the Health Patient Registration System grew from 20 700 149 in 2017/18 financial year to 39 794 082 in 2018/19 financial year. It could also be estimated that HPRS has registered 68.5% of the total population in the 2018 mid-year population estimate. Such progress was made possible by collaborative efforts of Provincial Departments of Health and various government departments including Department of Home Affairs, Department of Basic Education and South Africa Social Security Agency (SASSA).
- d) The Centralised Chronic Medicines Dispensing and Distribution Programme continued to deliver chronic medicines to a total of 3318 state and 1133 non-state pick-up-points. In 2018/19 financial year, a total of 2554 662 patients were registered to collect medicines in these pick up points, of which 907 836 were patients on ART, 161 102 were patients with co-morbidities on ARVs, and 345 271 are patients taking chronic medication for non-communicable diseases.

- e) The 2016 South Africa Demographic and Health Survey (SADHS) detailed full report was released in 2019. Findings included the following: South African fertility rates had declined from an average of 2.9 children in the 1998 SADHS to 2.6 children in the 2016 SADHS. Women in urban areas had an average of 2.4 children, compared with 3.1 children among women in non-urban areas. Twenty-seven per cent of children aged under five years were stunted (too short) for their age. Stunting is an indication of chronic undernutrition, and is most common among children whose mothers have lower levels of education and among those from the poorest households. Three per cent of children under five were wasted (too thin) for their height. Wasting is an indication of acute malnutrition. Six per cent of children under five were underweight. Many children also suffer from over-nutrition. Thirteen per cent of children under five were overweight (heavy) for their height. It was found that just under one-third of men (15 years and older) smoke tobacco and binge-drink alcohol, and that just under one-third of men were overweight or obese compared with two-thirds of women who participated in the survey.

- f) The Health Policy Development and Management Manual is being developed to provide guidance on standardised processes that should be followed in developing, monitoring and reviewing health sector policies, strategies, and guidelines. Considerable progress has also been made with the development of the Policy and Information Management System (PIMS). The aim of the PIMS will be to (a) standardise and automate the policy development process; (b) facilitate and improve internal collaboration within the NDoH during the development and implementation cycles using technology, (c) store source documents that were used during the policy development process; and (d) communicate policies adopted by the sector both internally and externally

- g) The National Digital Health Strategy 2019-2024 was developed. An eHealth Strategy Consultative Workshop was convened on 8 August 2018 to solicit stakeholder inputs towards the development of a new Digital/eHealth Strategy for South Africa. The workshop was attended by a total of 47 participants from a diverse stakeholder groups including public sector departments, statutory councils, development partners, universities and non-government organisations. The workshop led to the development of the first draft National Digital/eHealth Strategy. Subsequently, Provincial eHealth Strategy Consultative visits led by the Ministerial Advisory Committee on eHealth were conducted from September to November 2018. The draft digital/eHealth Strategy discussed by the Technical Committee of the National Health Council. Thereafter it was tabled before the National Health Council during its meeting held on 28 February and 1 March 2019. The final draft Strategy has integrated all the comments and guidance provided by the National Health Council.

- h) The online Internship and Community Service Programme (ICSP) used to allocate and appoint medical interns and community service personnel in the public health sector was enhanced during the 2018/19 financial year. A significant achievement of the use of the enhanced system is that all medical students who studied in South African Institutions of Learning were allocated by October 2018 and publicly accessible dashboard resulted in improved communication, planning and decision making
- i) 'Injectables' were eliminated in the treatment of drug-resistant TB (DR-TB) because of toxicity, which had resulted in some irreversible side-effects. Upward treatment success rates of 65% were recorded compared with the global average of 55%. The first-ever Quality Improvement Initiative for TB was rolled out successfully in 10 sub-districts, with 266 facilities assisted to undertake optimised TB screening (which will assist in finding missing TB patients). The fieldwork for South Africa's first TB prevalence survey and the integration of TB and HIV and AIDS information systems were also completed.

## 1.5.2 Overview of the financial results of the department

### 1.5.2.1 Departmental receipts

	2018/19			2017/18		
	Estimate	Actual amount collected	(Over)/under collection	Estimate	Actual amount collected	(Over)/under collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	4 614	3 572	1 042	53 078	67 180	-14 102
Interest, dividends and rent on land	1 800	1 853	-53	2 500	4 537	-2 037
Financial transactions in assets and liabilities	1 403	587	816	3 942	4 308	-366
Sales: Scrap, waste and other goods	4	1	3	4	31	-27
<b>TOTAL</b>	<b>7 821</b>	<b>6 013</b>	<b>1 808</b>	<b>59 524</b>	<b>76 056</b>	<b>-16 532</b>

### 1.5.2.2 Programme Expenditure

	2018/19			2017/18		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	524 146	471 683	52 463	500 541	478 160	22 381
National Health Insurance, Health Planning and Systems Enablement	1 892 199	1 333 991	558 208	924 954	841 540	83 414
HIV and AIDS, Tuberculosis, and Maternal and Child Health	20 699 057	20 626 825	72 232	18 295 310	18 279 941	15 369
Primary Health Care Services	279 736	248 090	31 646	263 343	253 771	9 572
Hospitals, Tertiary Health Services and Human Resources Development	22 308 192	22 130 938	177 254	20 914 800	20 828 771	86 029
Health Regulation and Compliance Management	1 805 044	1 783 058	21 986	1 746 609	1 742 508	4 101
<b>TOTAL</b>	<b>47 508 374</b>	<b>46 594 585</b>	<b>913 789</b>	<b>42 645 557</b>	<b>42 424 691</b>	<b>220 866</b>

- a) The Department has spent R46.595 billion of its allocation from the budget of R47.508 billion as at 31 March 2019, representing 98.1% spending rate.
- b) **Compensation of Employees expenditure** amounted to R793.199 million which represents 96.7% from the budget of R828.814 million. Slow spending was due to most vacant posts not being filled.

**Goods and Services expenditure** amounted to R1.789 billion with the spending rate of 74% from the allocated budget of R2.417 billion. The unspent funds were mainly due to:

- The funds allocated for the further planning of the Limpopo Central Hospital (R76 million) as well as the grant allocated to procure linen (R49 million) during the Adjustment's Budget could not be spend before year-end.
- Spending on the Centralised Chronic Medicines Dispensing and Distribution project was less than projected due to Eastern Cape Province that decided not to expand the programme to all its districts and KwaZulu-Natal Province who would not include cold chain items, therefore reducing the number of patients eligible for enrolment drastically.
- The cancer campaign was launched only during the third quarter.

An amount of R765.616 million (76.2%) was spent on the purchase of capital assets from the budget of R1.005 billion. The unspent funds were mainly due to:

- The medicines stock system's hardware specifications were developed and orders were placed in the last quarter, while the G-commerce system was halted due to software problems.
- Funds allocated for the commissioning and purchasing of medical equipment for the Limpopo Central Hospital Funds as well as procuring of hospital beds (R100 million) which were allocated during the Adjustments Budget, could not be spend timeously.

### 1.5.2.3 Reasons for under expenditure

#### Programme 1:

Training as per Performance Development Plans was halted. The procurement process to appoint medico-legal experts' committees took longer than anticipated. Fewer bursary applications were received. Invoices received on last day of March 2019 could not be paid timeously.

**Programme 2:** Savings under Health Professional Contracting realised due to lower reimbursement rates charged. Recruitment/appointment processes resulted in that the funds received for Human Resource Capacitation remained unspent. Tender processes were not concluded in time for the awarding of bids for mental health and other priority in-kind grants. A saving on the annual contribution to the World Health Organisation realized due to favourable exchange rates. The underspending on the Transitional National Health Insurance structures are due to a slow take-off. The procurement process for the

electronic medicine stock management system was halted as the supplier could not deliver. Funds allocated to the Ideal Clinics during the Adjustment Budget was not spent. The medicines stock system's hardware specifications were developed and orders were placed in the last quarter, while the G-commerce system was halted due to software problems.

**Programme 3:** Vacant posts were not filled. Less travelling to the provinces were undertaken. Savings were realised on communication after the Multi-pronged Mass Media Communication Campaign came to an end.

**Programme 4:** The cancer campaign was launched during the third quarter. The communication campaign on elimination of malaria and the Chronic Disease Prevention and Health Promotion allocation is delayed due to procurement processes.

**Programme 5:** Vacant posts were not filled. Funds allocated for the Limpopo Central Hospital did not flow as expected due to specifications and other procurement processes not concluded in time. Laboratory supplies were procured but not delivered before year-end. Service Level Agreements have been signed for tenders issued by Forensic Chemistry Laboratories. A tender for procurement of servers for the four Forensic Chemistry Laboratories was awarded in the last week of the financial year.

**Programme 6:** The audit of CCOD's Annual Financial Statements for the past 5 years was not finalised as expected. Approval to vire (transfer) funds to a Public Entity was received too late in the financial year to process a payment. Procurement of the X-Ray machine for MBOD was not finalized before year-end.

#### 1.5.2.4 Virements

During the financial year, approval was granted to vire (transfer) funds after the Adjustments Budget, totalling an amount of R91.030 million. The Director-General granted approval to effect the following virements:

- R17.242 million within Goods & Services; and
- R6.740 million within Compensation of Employees.

National Treasury approved the following virements:

- Conversion of the transfer payments to Goods & Services of the Health Information Systems Programme and the Health Systems Trust of R14.158 million and R15.890 million respectively;
- Procurement of vaccines for Limpopo Province of R31 million; and
- Increasing the National Health Laboratory Services allocation with R6 million establishment of the National Cancer Registry.

#### 1.5.2.5 Roll overs

#### Money appropriated for expenditure already announced in the 2018 Budget Speech:

Programme 5: Funds were allocated to the National Health Insurance Grant: Health Facilities Revitalisation Component for the Limpopo Central Hospital as follows:

- Goods & Services: R76.4 million to fund professional fees for further planning of the project; and
- Payments for capital assets: R89.6 million to acquire medical equipment and commissioning.

The Department processed transactions through the open bidding process as depicted in the table below. The open bidding process is for transactions above R500 000.

Number of Tenders	Value (R'000)
36	182 407

The total breakdown of bidding process transactions in terms of compliance to Preferential Procurement Regulations and Broad-Based Black Economic Empowerment (B-BBEE) is shown in the Table below.

B-BBEE Contribution Level	Number of Transactions	Value (R'000)
Level 01	105	141 458
Level 02	44	59 563
Level 03	02	148
Level 04	20	3 221
Level 06	03	320
Level 07	01	874
Level 08	10	2 187
Non-Compliant	89	7 969

In relation to Assets Management, the Department has maintained its assets register in accordance with minimum required information to be in the Fixed Assets Register.

For the year under the review, the Department had assets additions to the value of R180,237,978 and non-cash assets addition to the value of R46,200.00, the overall assets register of the Department has 14 111 of assets to the value of R401,634,229, the intangible assets are accounted separately amounting to 15 assets to the value of R72,936,204 and all these assets are in the Fixed Assets Register which enable the department to know the location, value, condition, usage and asset number of these assets for accurate accounting.

#### 1.5.2.13 Gifts and Donations received in kind from non-related parties

In-kind goods and services amounting to R7.123 million were received during the 2018/19 financial year, details of which are disclosed in Annexure 1H of the Annual Financial Statements.

#### Unforeseeable and unavoidable expenditure:

Programme 5: The Health Facility Revitalisation Conditional grant of KwaZulu-Natal Province was increased with R199.508 million for post disaster reconstruction and rehabilitation of 14 hospitals.

#### 1.5.2.6 Unauthorised expenditure

None.

#### 1.5.2.7 Fruitless and wasteful expenditure

A total amount of R2,033 million has been noted for 2018/19 financial year. The amount is composed of penalties and interest, which were attracted by a late payment to suppliers. SARS penalties are still pending approval from SARS to be waived. Investigations continue for the no shows and penalties from motor vehicle licences which were renewed late.

#### 1.5.2.8 Irregular Expenditure

An amount of R94, 3 million of irregular expenditure is as a result of procurement processes not being followed. The details of the amount are presented in Note 23 of the financial statements.

#### 1.5.2.9 Public Private Partnerships

There were no Public Private Partnerships registered under National Department of Health during the period under review.

#### 1.5.2.10 Discontinued activities / activities to be discontinued

None.

#### 1.5.2.11 New or proposed activities

None.

#### 1.5.2.12 Supply chain management (SCM)

Number of Quotation Requests	Value (R'000)
236	33 885



### 1.5.2.14 Exemptions and deviations received from the National Treasury

For the year under review, the Department sought and received concurrent approval to deviate from normal procurement process for the following procurement transactions:

Project Description	Name of Supplier	Actual Value of Contract (R'000)	Reason for the Deviation
Appointment of a Service provider for off-site physical and electronic storage of claimant files of MBOD/CCOD and daily file retrieval on request at four sites within Johannesburg for the National Department of Health.	Metrofile (Pty) Ltd	1 507	Single Source (Replacement Bid subject to PAIA and Contestation)
Appointment of Telkom for the upgrade of existing internet line as an alternative solution for a period of 36 months	Telkom BCX SA Limited	2 922	Single Source (Continuity of Service)
Appointment of a specialized armed security services for a period of 4 months at Civitas Building	Bidvest Protea Coin	1 264	Emergency Procurement
Appointment of a service provider to procure forecasting software licences for National Department of Health.	Kent Outsourcing Services	556	Sole Source
Deviation from normal procurement processes for the Appointment of a supported Employment Enterprise for the supply and delivery of Linen for public hospitals across South Africa	Support Employment Enterprise (Dept. of Labour Entity)	49 999	Single Source (Inter-Governmental)
Appointment of a Service provider for off-site physical and electronic storage of claimant files of MBOD/CCOD and daily file retrieval on request at four sites within Johannesburg for the National Department of Health.	Metrofile (Pty) Ltd	1 507	Single Source (Replacement Bid subject to PAIA and Contestation)

### 1.5.2.15 Events after the reporting date

None.

### Acknowledgements

I wish to express my appreciation to the Minister of Health, the Deputy Minister, as well as all members of staff for their hard work, loyalty and commitment in pursuing the objectives of National Department of Health. I also wish to acknowledge all partners working with us on the implementation of the National Development Plan.

### Approval

The Annual Financial Statements are approved by the Accounting Officer.



**Ms MP Matsoso**  
**Director-General**  
**Date: 31 July 2019**

### 1.6 Statement of responsibility and confirmation of the accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

All information and amounts disclosed throughout the Annual Report are consistent. The Annual Report is complete, accurate and free from any omissions.

The Annual Report has been prepared in accordance with the guidelines issued by National Treasury.

The annual financial statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.

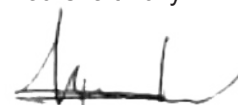
The Accounting Officer is responsible for preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing and implementing a system of internal control designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information, and the annual financial statements.

External auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the Annual Report fairly reflects the operations, performance information, human resources information, and the financial affairs of the Department for the financial year ended 31 March 2019.

Yours faithfully



**Ms MP Matsoso**  
**Director-General**  
**Date: 31 July 2019**

## 1.7 Strategic Overview

### Vision

A long and healthy life for all South Africans.

### Mission

To improve the health status of South Africans through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

## 1.8 Legislative and Other Mandates

The Legislative mandate of the Department of Health is derived from the Constitution, the National Health Act, 61 of 2003, and several pieces of legislation passed by Parliament guided by Sections 9, 12 and 27 of the Constitution.

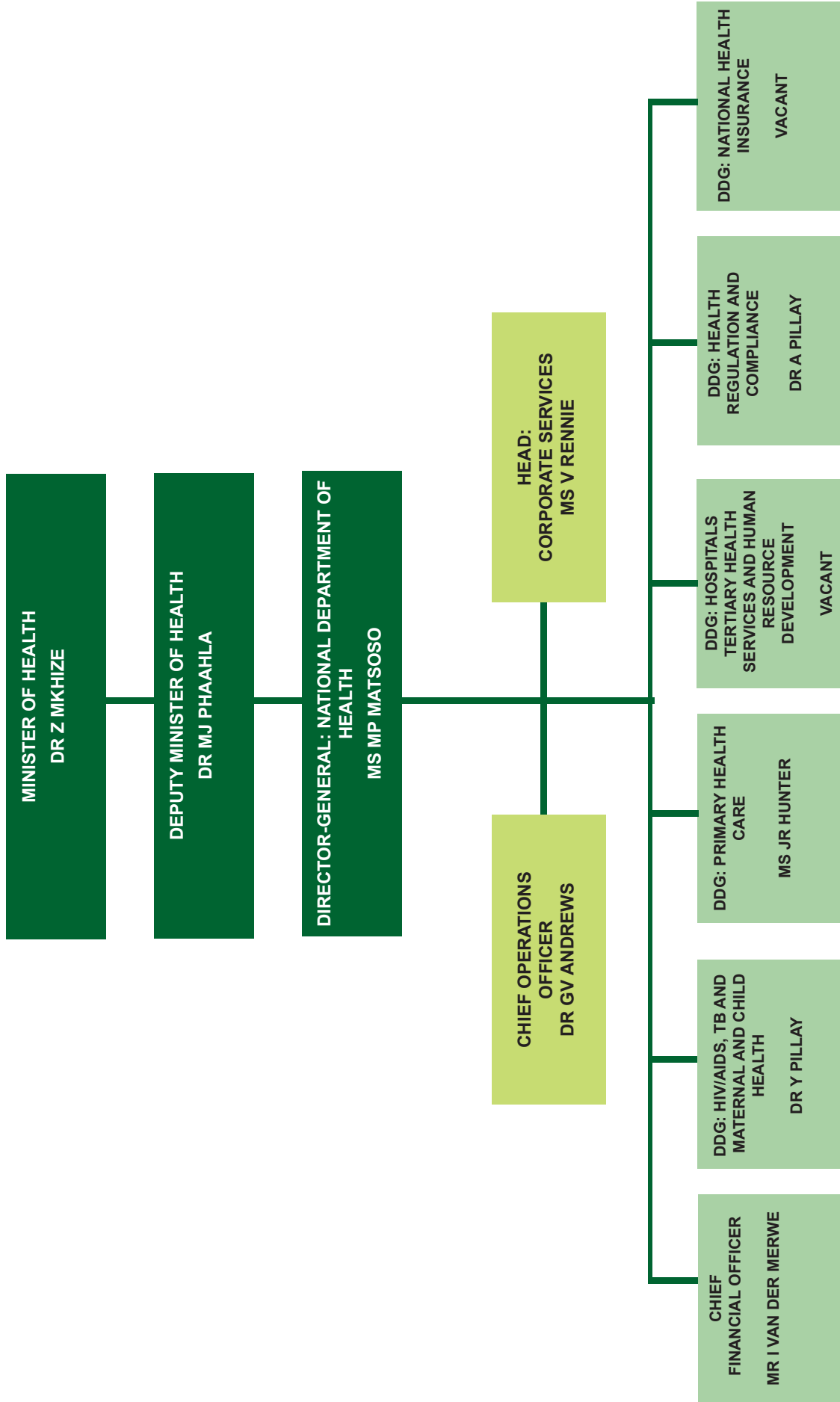
### Legislation falling under the Portfolio of the Minister of Health

- Allied Health Professions Act, 1982 (Act No. 63 of 1982), as amended;
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), as amended;
- Council for Medical Schemes Levies Act, 2000 (Act No. 58 of 2000), as amended;
- Dental Technicians Act, 1979 (Act No. 19 of 1979), as amended;
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), as amended;
- Hazardous Substances Act, 1973 (Act No. 15 of 1973), as amended;
- Health Professions Act, 1974 (Act No. 56 of 1974), as amended;
- International Health Regulations Act, 1974 (Act No. 28 of 1974), as amended;
- Medical Schemes Act, 1998 (Act No. 131 of 1998), as amended;
- Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), as amended;
- Mental Health Care Act, 2002 (Act No. 17 of 2002), as amended;
- National Health Act, 2003 (Act No. 61 of 2003), as amended;
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000), as amended;
- Nursing Act, 2005 (Act No. 33 of 2005), as amended;
- Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973), as amended;
- Pharmacy Act, 1974 (Act No. 53 of 1974), as amended;
- South African Medical Research Council Act, 1991 (Act No. 58 of 1991), as amended;
- Sterilisation Act, 1998 (Act No. 44 of 1998), as amended;
- Tobacco Products Control Act, 1993 (Act No. 83 of 1993), as amended; and
- Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007).

### Other Legislation which the National Department of Health must comply with

- Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997), as amended;
- Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003), as amended;
- Child Justice Act, 2008 (Act No. 75 of 2008), as amended;
- Children Act, 2005 (Act No. 38 of 2005), as amended;
- Criminal Procedure Act, 1977 (Act No. 51 of 1977), as amended;
- Control of Access to Public Premises and Vehicles Act, 1985 (Act No. 53 of 1985), as amended;
- Conventional Penalties Act, 1962 (Act No. 15 of 1962), as amended;
- Designs Act, 1993 (Act No. 195 of 1993), as amended;
- Employment Equity Act, 1998 (Act No. 55 of 1998), as amended;
- Intergovernmental Fiscal Relations Act, 1997 (Act No. 97 of 1997), as amended;
- Labour Relations Act, 1995 (Act No. 66 of 1995), as amended;
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), as amended;
- Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), as amended;
- Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), as amended;
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000), as amended;
- Protected Disclosures Act, 2000 (Act No. 26 of 2000), as amended;
- Protection of Personal Information Act, 2013 (Act No. 4 of 2013);
- Public Finance Management Act, 1999 (Act No. 1 of 1999), as amended;
- Public Service Act, 1997 (Proclamation No. 103 of 1994), as amended;
- Public Service Commission Act, 1997 (Act No. 46 of 1997), as amended;
- Sexual Offences and Related Matters Act, 2007 (Act No. 32 of 2007) as amended;
- Skills Development Act, 1998 (Act No. 97 of 1998), as amended;
- State Information Technology Act, 1998 (Act No. 88 of 1998), as amended;
- State Liability Act, 20 of 1957 (Act No. 20 of 1957), as amended;
- The Competition Act, 1998 (Act No. 89 of 1998), as amended;
- The Copyright Act, 1998 (Act No. 98 of 1998), as amended;
- The Merchandise Marks Act, 1941 (Act No. 17 of 1941), as amended;
- The Patents Act, 1978 (Act No. 57 of 1978), as amended;
- Trade Marks Act, 1993 (Act No. 194 of 1993), as amended;
- Unemployment Insurance Contributions Act, 2002 (Act No. 4 of 2002), as amended; and
- Use of Official Languages Act, 2012 (Act No. 12 of 2012).

## 1.9 Organisational Structure



## 1.10 Entities reporting to the Minister

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Council for Medical Schemes	Medical Schemes Act, 1998 (Act No. 131 of 1998)	Transfer payment	Regulates the Medical Scheme Industry.
South African Medical Research Council	South African Medical Research Council Act, 1991 (Act No. 58 of 1991)	Transfer payment	The objectives of the Council is to promote the improvement of health and quality of life through research, development and technology transfer
National Health Laboratory Service	National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)	Transfer payment	The service supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals.
Compensation Commissioner for Occupational Diseases	Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)	Transfer payment	The Commissioner is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures
Health Professions Council of SA	Health Professions Act, 1974 (Act No. 56 of 1974)	Not applicable	Regulates the health professions falling within the mandate of council, including the medical and dental professions
SA Nursing Council	Nursing Council Act, 2005 (Act No. 33 of 2005)	Not applicable	Regulates the nursing profession
SA Pharmacy Council	Pharmacy Act, 1974 (Act No. 53 of 1974)	Not applicable	Regulates the pharmacy profession
SA Dental Technicians Council	Dental Technicians Act, 1979 (Act No. 19 of 1979)	Not applicable	Regulates the dental technician and dental technologist professions
Allied Health Professions Council of SA	Allied Health Professions Act, 1982 (Act No 63 of 1982)	Not applicable	Regulates all allied health professions falling within the mandate of council
Interim Traditional Health Practitioners Council of SA	Traditional Health Practitioners Act, 2007 (Act No 22 of 2007)	Funds Meetings of Interim Council	Regulates traditional health practice and traditional health practitioners including students engaged in or learning traditional health practice in South Africa
Office of Health Standards Compliance	National Health Act, 2003 (Act No 16 of 2003)	Transfer payment	Monitors and enforces the compliance of health establishments with the prescribed norms and standards of health care and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner
South African Health Products Regulatory Authority	Medicines and Related Substances Act, 1965 (Act No 101 of 1965)	Transfer Payment	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics and related matters in the public interest



# Performance Information

## PART B

## 2.1 Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit finding.

The audit findings on the performance against predetermined objectives are included in the report of the report to management.

Refer to page 91 of the Report of the Auditor General to Parliament, published in Part E: Financial Information.

## 2.2 Overview of Departmental Performance

### Service Delivery Improvement Plan

Health is a concurrent function of the national and provincial spheres of government. The NDoH is responsible for issuing and promoting adherence to norms and standards and for the development of guidelines on health policies approved by the National Health Council (NHC). The

NDoH is responsible for issuing and promoting adherence to norms and standards and for the development of guidelines on health policies approved by the National Health Council (NHC). For example, in 2018/19 financial year, health facilities commenced with implementation of (i) improved management of clients' complaints, suggestions and compliments, (ii) conducting of annual patients' experience of care surveys by health facilities; and (iii) monitoring and reporting to be implemented by health facilities on Patient Safety Incidents. Accompanying web-based information systems were developed for all three guidelines to track performance of provinces on the implementation of the guidelines.

A few health services are in the direct control of the national Department. These include health services provided by the Forensic Chemistry Laboratories, and health services provided at all 44 ports of entry into South Africa. The five-year Service Delivery Improvement Plan 2017–2020 (SDIP) of the NDoH focuses on these services. This SDIP was approved on 9 October 2016 and implemented from 1 April 2017.

The following four tables show progress and achievements on the SDIP in 2018/19:

### Main service and standards

Main services	Beneficiaries	Current/actual standard of service	Standard of service	Actual achievement against standards
Blood alcohol tests	SAPS, Forensic Pathology Services mortuaries and the National Prosecuting Authority	Forensic Chemistry Laboratory (FCL) in Cape Town, Durban, Pretoria and Johannesburg	0 backlog (no samples older than 90 days)	All FCL's (except Johannesburg) currently maintain turn-around time of 90 days and less.
Prevent importation of communicable diseases at 44 Points of Entry (PoE)	International Travellers, Conveyance operators, Airline companies, Border management (Department of Home Affairs, SARS, SAPS and DAFF)	Screening of international travellers at 44 PoE	Screening of international travellers	Screening of international travellers conducted at PoE
		Inspection of international high risk conveyances (aeroplanes) to determine compliance with health measures	Inspection of international high risk conveyances (aeroplanes) to determine compliance with health measures	85% international high risk conveyances (aeroplanes) were inspected
		Alert and inform stakeholders of outbreaks of international concern	Alert and inform stakeholders of outbreaks of international concern	Information on outbreaks communicated to stakeholders through NDoH website, pamphlets and banners
		Provide client with contact details of all Port Health managers	Provide client with contact details of all Port Health managers	Contact details of managers displayed on points of entry entrances
Compensations for occupational lung disease in miners and ex-miners by Compensation Commission for Occupational Disease	Miners and ex-miners	Families of miners and ex-miners, the mining industry	Processing of claims for benefit medical examination of miners and ex-miners	485 claimants were paid R207 million from the Compensation Fund. The target was 7 000 claims to be paid. 69 pensioners were paid R1 085 949 from voted funds

**Batho Pele arrangements with beneficiaries (consultation access, etc.)**

Current arrangements	Desired arrangement	Actual achievement
Consultative fora	Key stakeholders in health sector including public, private, non-government sectors and development partners	Numerous consultations of stakeholders in the health sector were undertaken during 2018/19 financial year. The consultations included the following: <ul style="list-style-type: none"> <li>- eHealth strategy consultative workshop, 8 August 2018.</li> <li>- Stakeholder consultative Meeting on NHI Bill and Medical Aid Scheme Amendment Bill, 24 August 2018.</li> <li>- Health Research Summit, 12 -13 September 2018.</li> <li>- Presidential Summit on Health, 19-20 October 2018.</li> <li>- National Quality of Care Consultative Workshop, 19 – 20 March 2019.</li> </ul>

**Service Delivery Information tool**

Current/actual tools	Desired information tool	Actual achievements
Personal interaction, circulars, briefings to management, induction sessions and workshops	Existing tools	Approximately 46 weekly online publications of Supatsela were circulated to all employees through electronic mail. Approximately 33 internal circulars on policies (finance, human resources, procurement, transport, security etc.), national event celebrations (e.g. Human Rights Day and Heritage Day) and other reminders were communicated to all employees through electronic mail.
Quarterly reporting against Government Programme of Action: Outcome Two and the Annual Performance Report	Prescribed Reporting Tools by Department of Planning, Monitoring and Evaluation	3 quarterly POA reports and four quarterly APP reports were submitted to Department of Planning, Monitoring and Evaluation

**Complaints mechanism**

Current/actual complaints mechanisms	Current complaints mechanism	Actual achievements
Complaints/Compliment procedures for clients	Improved management and processing of complaints and improved turnaround times	Health facilities in provinces are implementing the complaints /compliments procedures. In 2018/19 financial year, 96.1% of health facilities in 8 provinces reported to have resolved complaints within 25 workdays after the receiving the complaints
MomConnect for pregnant women and mothers	Improved response time, investigations of complaints and their satisfactory resolutions	Pregnant women and mothers subscribed to Mom Connect system can lodge complaints and send compliments via the system. The complaints and compliments received are immediately referred to the districts for resolution.

**Organisational environment**

The Department is in the process of reviewing the organisational structure in line with the preparation for the implementation of the NHI. The success of the implementation thereof is highly dependent on alignment with the allocated available budget. The proposed organisational structure will take into consideration the change of organisational culture, improvement of productivity, development of leadership capability and repositioning of the National Department of Health (NDoH) as an employer of choice, whereby only candidates who meet the profile of the desired NDoH cadre of employees will be considered for appointment.

National Department of Health employees, largely between levels 3 to 12, engaged in unprotected labour action/strike in the year under review. The action resulted in employees demanding and approved to knock off at 13h00 from April 2018 while the Department of Public Works would have been undertaking emergency maintenance of the Civitas building, emanating from a long period of ten year of lack of maintenance. Subsequently, employees engaged in a further unprotected stay away from 15 August 2018 to end of August 2018. From August 2018, some employees withdrew their normal work services and opted to assemble in the building foyer until the maintenance project is completed. Numerous engagements were held with organised labour as well as the Department of

Labour related to the inspections conducted by the Labour Department resulting in recommendations to address the identified deficiencies. Several court processes have also taken place between the National Department and the organized labour, all of which were concluded in favour of the Department. All of the above activities had a serious and negative impact on the normal operations of the Department and achievement of its objectives in line with the APP targets and milestones.

**Key policy developments and legislative changes**

The National Health Laboratory Services (NHLS) Amendment Bill and the National Public Health Institute of South Africa (NAPHISA) Bill were tabled in Parliament during 2018/19 financial year. NAPHISA Bill was discussed and finalised by Portfolio Committee but is still yet to be tabled at National Assembly. The NAPHISA Bill proposes establishment of NAPHISA to coordinate, conduct disease and injury surveillance, provide specialised public health services, interventions, training and research all directed towards the major health challenges affecting the population of the nation. NAPHISA will consist of National Institute of Communicable Diseases, National Occupational Safety and Health National Cancer Registry and two new institutes (National Institute for Non-Communicable Diseases and National Institute of Injury and Violence Prevention) to be created.

The National Health Insurance (NHI) Bill, the Medical Schemes Amendment Bill, the Control of Tobacco Products and the Electronic Delivery Bill were approved by Cabinet and published for public comments.

The NHI Bill makes provision for (i) mandatory prepayment health care services, (ii) establishing of National Health Insurance Fund; (iii) a framework for the active purchasing of health care services by the Fund on behalf of users; (iv) creating mechanisms for the equitable, effective and efficient utilisation of the resources of the Fund; (v) prevention of undesirable, unethical and unlawful practices in relation to the Fund and its users.

The Tobacco Products Control Act was amended to tighten loopholes and address key issues pertaining to tobacco control in accordance with the WHO Framework Convention on Tobacco Control. The draft Control of Tobacco Products and Electronic Delivery Systems Bill was published for public comments. This bill aims to expand the control of tobacco products to include new novel products such as Electronic Cigarettes.

Further, the National Health Insurance Bill was published for comments and a revised Bill was submitted for consideration of Cabinet.

## 2.3 Strategic outcome oriented goals

### Strategic approach

The NDP 2030 and the World Health Organization (WHO) recognise that a well-functioning and effective health system is the bedrock for attaining the health outcomes envisaged in the NDP 2030. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system to ensure that it is efficient and responsive, and offers financial risk protection. In addition to the NDP, the Medium Term Strategic Framework 2014 - 2019 for Outcome 2 also inform the Annual Performance Plan.

In 2018/19, the National Health Council (NHC) – the Implementation Forum for Outcome 2 “A long and healthy life for all South Africans” – directed and managed the implementation of the strategic priorities for steering the health sector towards Vision 2030. This Implementation Forum consists of the Minister of Health, the nine Provincial Members of the Executive Council (MECs) for Health, a representative of the SA Military Health Services (SAMHS) and a representative of SA Local Government Authority (SALGA). The Technical Advisory Committee of the NHC (Tech NHC) functions as the Technical Implementation Forum. The Tech NHC consists of the Director-General of the National Department of Health (DoH) and the Provincial Heads of Department (HoDs) of Health in the nine provinces, Surgeon-General of the South African Military Health Services, Deputy Director-Generals in the NDoH, Chief Financial Officer, Correctional Services Commissioner and Deputy Director-General: Department of Planning, Monitoring and Evaluation.

## The National Development Plan (‘Vision 2030’)

The Annual Performance Plan 2018/19 was the vehicle through which the nine long-term health goals for South Africa set out by the National Development Plan (NDP) were implemented during the year under review. Five of these goals relates to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

### Priorities to achieve Vision 2030

The NDP 2030 states explicitly that there are no ‘quick fixes’ for achieving its nine goals. The NDP also identifies a set of nine priorities that highlight the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases.
- Strengthen the health system.
- Improve health information systems.
- Prevent and reduce the disease burden and promote health.
- Finance universal healthcare coverage.
- Improve human resources in the health sector.
- Review management positions and appointments, and strengthen accountability mechanisms.
- Improve quality by using evidence.
- Establish meaningful public–private partnerships.

## 2.4 Performance Information by Programme

### 2.4.1 Programme 1: Administration

**Purpose:** Provide overall management of the Department and centralised support services.

This programme includes the following sub-programmes:

- Financial Management
- Corporate Services

The **Financial Management Sub-programme** focuses on budget, expenditure, supply chain and asset management within the Department. The unit also provides Provincial Financial Support to the Provinces with its partnership with the South African Institute for Chartered Accountants. The development of immovable Asset Management policy was a critical milestone in ensuring that the Department can adequately address Direct and Indirect Conditional grant risks

The **Corporate Service Sub-programme** focuses on communication, legal services and human resources.

During 2018/19, the NDoH had a vacancy rate of 13,3%. Circumstances beyond the Department’s control impacted negatively on the filling of posts within the DPSA’s stipulated timeframe. Nevertheless, the NDOH aims to embark on a robust reprioritisation process to ensure that



critical posts are filled as soon as possible and posts that cannot be accommodated fiscally are abolished timeously. These measures will ensure that the department is within the Department of Public and Administration's (DPSA) recommended 10% vacancy rate.

In 2018/19 financial year, the NHLS Amendment Bill and the NAPHISA Bill were tabled in Parliament. The NHI Bill, the Medical Schemes Amendment Bill, the Control of Tobacco Products and the Electronic Delivery Bill were approved by Cabinet and published for public comments.

Four sets of regulations were promulgated during 2018/19. These regulations are (i) Regulation governing general hygiene requirements for food premises, the transport of food and related matters; (ii) Regulations relating to maximum levels metals in foodstuff; (iii) Dispensing Fees charges by persons licensed in terms section 22C (1) (a) of the Medicines and Related Substances Act; and (iv) Regulations relating to the hazard analysis and critical control point. In addition, two sets of Regulations were published for public comments. These are (i) Regulations regarding the registration and training of student dental technicians and student dental technologists; and (ii) Dispensing Fees charges by persons licensed in terms section 22C (1) (a) of the Medicines and Related Substances Act.

In the year under review, the Sub-programme also dealt with 53 Service Level Agreements (SLAs), 24 Agreements and four International Agreements, and one domestic Protocol.

The NDoH and the Department of Justice facilitated the training of state attorneys and health officials in mediation through the University of Cape Town in partnership with Mediation in Motion (MiM), in Paarl, Western Cape.

Five service providers pre-qualified to assist the National and Provincial Department of Health in the reduction of the huge and escalating Medico-Legal claims. Two of the pre-qualified Service Providers have already started work in this regard.

In implementing the Integrated Department Corporate Communication Strategy, among others, during the

2018/19 financial year, the Sub-programme prioritised the NHI Communication Strategy as a key strategic objective across all communication campaigns. The Sub-programme invested much effort in content development to raise the profile of NHI as a social good using both free and paid-for national communication platforms and channels. Following the Minister's media briefing on the NHI Bill and the Medical Schemes Bill, a portion of the communication budget was set aside to improve visibility of communication platforms and increase access to information using print advertorials, radio and TV slots. Communication support for NHI also involved face-to-face engagements with traditional leaders in Gauteng and KwaZulu-Natal, the South African National Editors Forum (SANEF) and two other media groups (the Tiso Blackstar Group and News24), over and above the COSATU (Congress of South African Trade Unions) Provincial NHI consultative meetings and the historic Presidential Health Summit which prioritised transformation of the healthcare system towards UHC. Proactive interactions were undertaken with the public and media, and prompt responses were given to negative media and public perceptions on service delivery in all health programmes and campaigns, including the Nelson Mandela/Fidel Castro Medical Collaboration (NMFC) Programme, particularly the integration of 5th-year Cuban-trained medical students into the South Africa healthcare system, which includes placement for clinical rotations, internship and community service. Student engagement supported by a strong social media presence was identified as crucial to the NMFC programme. As such, external expertise was sourced to assist with digital media and face-to-face engagement with medical students and doctors.

Activities of the Sub-programme focused largely on supporting the multi-pronged communication campaigns, which included various national and international events, such as the launch of the *She Conquers* communication campaign at the 22nd International AIDS Conference; release of the South African National HIV Prevalence, Incidence and Behaviour Survey results; the much-awaited roll-out of bedaquiline in the treatment of MDR-TB; public announcement of the end of listeriosis; and other equally important efforts to support health programmes, campaigns and events. In addition, there was heightened communication around the Tobacco Bill and tuberculosis.

## Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Ensure effective financial management and accountability by improving audit outcomes	Audit opinion from Auditor General	Unqualified audit opinion obtained with no significant matters for 2016/17	Clean audit opinion for the NDoH for 2017/18	Unqualified audit opinion obtained for the 2017/18	Clean Audit opinion not obtained	Material misstatement of immovable assets and commitments identified by the auditors in the submitted financial statement resulting in unqualified audit opinion
	Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	4 Provincial DoH received unqualified audit opinion	5 Provincial DoH that demonstrate improvements in Audit with no significant matters for 2017/18	4 Provincial DoHs obtained unqualified audit opinions for 2017/18	-1 Provincial DoH	North West did not achieve unqualified audit opinion due to inability to obtain appropriate evidence on Immovable Tangible Capital Assets and Payables. Eastern Cape, Free State, Gauteng and Western Cape obtained unqualified audit outcomes for 2017/18

## Strategy to overcome areas of under performance

Material misstatement of immovable assets and commitments identified by the auditors in the submitted financial statement were corrected in the Annual Financial Statement. The Department developed and implemented an audit action plan to address the audit findings. Remedial action plans on audit findings were developed by provinces, implemented and monitored.

## Changes to planned targets

None.

## Linking performance with budgets

Sub-programmes	2018/2019			2017/2018	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Ministry	30 780	28 974	1 806	31 840	26 492
Management	26 103	24 603	1 500	23 193	22 319
Corporate Services	256 020	230 082	25 938	243 634	231 112
Office Accommodation	137 912	136 338	1 574	150 179	147 103
Financial Management	73 331	51 686	21 645	51 695	51 134
<b>Total</b>	<b>524 146</b>	<b>471 683</b>	<b>52 463</b>	<b>500 541</b>	<b>478 160</b>

## 2.4.2 Programme 2: National Health Insurance, Health Planning and Systems Enablement

**Purpose:** Improve access to quality health services through the development and implementation of policies to achieve universal coverage, health financing reform, integrated health systems planning, reporting, monitoring and evaluation and research.

There are five budget sub-programmes:

- Technical Policy and Planning
- Health Information Management, Monitoring and Evaluation
- Sector- Wide Procurement
- Health Financing and National Health Insurance
- International Health and Development

The **Technical Policy and Planning Sub-programme:** provides advisory and strategic technical assistance on policy and planning, and supports policy analysis and implementation. One of the core functions the NDoH is to develop and adopt national policies, strategies and guidelines to help guide the functioning of the South African health system and to improve the health of the South African people.

In the 2018/19 financial year, the Sub-programme continued to provide extensive support to Provincial Departments of Health to strengthen the planning, implementation and monitoring. 52 District Health Plan templates were developed for 2019/20 financial year with the Situational analysis section pre-populated with its own data. This work was supported by the Health Systems Trust using the datasets that formed the basis for the District Health Barometer publication. Workshops were also conducted in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Mpumalanga, Northern Cape, and Western Cape, which were attended by a total of 343 managers, planners and clinicians from provincial, district and facility levels, to train Provincial and District Managers on the use of the DHP Template for 2019/20 plans. The workshops also focused on priority setting to address programmatic and health system challenges that will help to reduce premature mortality and improve health outcomes.

The Health Policy Development and Management Manual has been drafted to provide guidance on standardised processes that should be followed in developing, monitoring and reviewing health sector policies, strategies, and guidelines. Considerable progress has also been made with the development of the Policy and Information Management System (PIMS). The aim of the PIMS will be to standardise and automate the management of the policy process, specifically it will; (a) facilitate and improve internal collaboration within the NDoH during the development and implementation cycles using technology, (b) store source documents that were used during the policy development process; and (c) communicate policies adopted by the sector both internally and externally; and (d) improve the monitoring and review of policies.

The first Presidential Health Summit, held on 19 and 20 October 2018, brought together key stakeholders from a wide range of constituencies in the health sector, to

deliberate and propose solutions to address the challenges facing the South African health system. Delegates worked towards finding solutions to strengthen the health system to ensure that it provides access to quality health services for all, in line with the principles of Universal Health Coverage (UHC) through an inclusive process. There was a unanimous support for the principles of National Health Insurance (NHI), which include: universal quality health care, social solidarity and equity in health access, and a call for NHI and its implementation. Nine commissions were set up to provide a basis of discussions, namely: (i) Human Resources for Health (Health Workforce); (ii) Supply Chain Management, Medical Products, Equipment and Machinery; (iii) Infrastructure Plan; (iv) Private Sector Engagement; (v) Health Service Provision (Delivery); (vi) Public Sector Financial Management; (vii) Leadership and Governance; (viii) Community Engagement; and (ix) Information Systems.

The solutions proposed in the Summit were put into a practical, prioritised and realistic action plan with immediate, short term and medium-term interventions. The Post-Presidential Health Summit Working Group has prepared a health compact to be jointly signed by the President of South Africa and representatives of stakeholder groups. The signing will aim to ensure that the interventions are implemented collectively by government and all stakeholders.

South Africa is one of the 18 countries that participated in the Lancet Global Health Commission on High-Quality Health Systems in the SDG Era. The Lancet Global Health Commission sought to answer the question: What should a high-quality health system look like in countries with resource constraints and competing health priorities that aspire to reach the SDGs? The Commission completed its enquiry with the publication of a report in September 2018. The report proposes new ways to define, measure, and improve the performance of health systems. High-quality health systems should be informed by four values: they are for people, and they are equitable, resilient, and efficient. The foundations of high-quality health systems include the population and their health needs and expectations, governance of the health sector and partnerships across sectors, platforms for care delivery, workforce numbers and skills, and tools and resources, from medicines to data. Health systems also need to develop the capacity to measure and use data to learn. Health systems should be judged primarily on their impacts, including better health and its equitable distribution; on the confidence of people in their health system; and on their economic benefit, and processes of care, consisting of competent care and positive user experience.

The South African Lancet National Commission, which was launched in 2017, also released its report *Confronting the Right to Ethical and Accountable Quality Health Care in South Africa* in 2019. The Commissioners, recognising the considerable progress made since 1994, found that (i) gaps in ethical leadership, management and governance contribute to poor quality of care in South Africa; (ii) poor quality of care costs lives (such as maternal deaths, neonatal deaths, premature mortalities); malpractice cases and medical litigation are threats to the realisation of the right to health care; (iv) human resources for health crisis

will undermine the achievement of high quality universal health coverage; (v) gaps in health information systems to measure and monitor quality and its improvements; and (vi) fragmentation and limited impact of quality care initiatives. The Commissioners, recommend that (i) quality of care should be revolutionised; (ii) governance and leadership for quality and equity should be enhanced; (iii) high quality of care should be measured, monitored and evaluated; and (iv) invest in and transform human resources for health in support of quality of care. A national workshop of national and provincial Departments of Health was convened on 19 and 20 of March 2019 to discuss the findings and practical implications of both the Lancet Global Commission and Lancet National Commission. The workshop also received a presentation on key outcomes of the Presidential Summit on Health, War Room on National Health Insurance and Quality of Care. The workshop was attended by Minister, Deputy Minister, MECs for Health, Director-General and Heads of Health in provinces, National Lancet Commissioners, Deputy-Directors General: National DoH, DDG: Presidency, representatives of the Office of Health Standards Compliance, senior and middle level managers from National and Provincial Departments of Health.

During 2018/19 financial year, the Department also drafted measures for the Norms and Standards Regulations applicable to different categories of health establishments that were published in February 2018 for PHC facilities. Once approved by the Technical Committee of the National Health Council, the Office of Health Standards Compliance will commence measuring health facilities against these measures.

In 2018/19 financial year, health facilities commenced with implementation of (i) improved management of clients' complaints, suggestions and compliments, (ii) conducting of annual patients' experience of care surveys by health facilities; and (iii) monitoring and reporting to be implemented by health facilities on Patient Safety Incidents. Accompanying web-based information systems were developed for all three guidelines to track performance of provinces on the implementation of the guidelines.

By end of March 2019, a total of 1586 PHC facilities in eight provinces had conducted annual Patient Experience (PEC) surveys in accordance with the standardised PEC survey guidelines. A total of 121 947 users participated in those PEC surveys and an average PEC Satisfaction Rate of 78% was obtained.

**The Health Information Management, Monitoring and Evaluation Sub-programme** develops and maintains a national health information system, commissions and co-ordinates research, develops and implements disease surveillance programmes, and monitors and evaluates strategic health programmes.

During 2018/19, the new National eHealth/Digital Strategy for South Africa (2019-24) was developed. The eHealth Strategy Consultative Workshop was convened on 8 August 2018 to solicit stakeholder inputs. The workshop was attended by diverse stakeholder groups including the Ministerial Advisory Committee on eHealth, National and Provincial Departments of Health and Provinces, Statutory Councils and Public Health Entities, the

Department of Science and Technology, the Department of Telecommunications and Postal Services, Development Partners, Universities and NGOs.

The workshop led to the development of the first draft National eHealth Strategy, which took into consideration inputs from the various Commissions of the workshop. Subsequently, Provincial eHealth Strategy consultative visits led by the Ministerial Advisory Committee on eHealth were conducted from September to November 2018. The Ministerial Advisory Committee on eHealth engaged Heads of Departments and their provincial management officials on their eHealth priority needs for the new National eHealth Strategy. The draft eHealth Strategy was prepared after incorporating inputs from the Ministerial Advisory Committee on eHealth, the National Health Information System of South Africa (NHISSA) Committee, and the National Strategic Planning Committee. Thereafter, the draft Strategy was presented to the Technical Committee of the NHC. The draft eHealth Strategy was subsequently tabled before the NHC during its meeting held on 28 February and 1 March 2019. The final draft Strategy has integrated all the comments and guidance provided by the NHC

The Department is moving towards the development of an electronic health record, which began with development of the Health Patient Registration System. The stand-alone District Health Information System has been transformed to a web-District Health Information System. The main aim is to capture data for all fixed public healthcare facilities at the lowest level (N = 3 585) where internet connectivity is available. As at 31 March 2019, facility-level capturing for the country was 48%, with hospitals at 84% and PHC facilities at 44%, across eight provinces. The main challenge hampering implementation of facility-level data capturing at PHC level is the unavailability of internet connectivity.

During 2018/19, the National Health Research Ethics Council (NHREC) conducted Quality Assurance and Re-Certification Audits on 29 Human Research Ethics Committees (HRECs). These audits have ensured that the highest standards are adhered to in terms of HREC governance, functioning and processes, thereby promoting ethical practices in research.

The South Africa Demographic and Health Survey (SADHS) 2016 detailed full report was released in the 2018/19 financial year. Fertility rates among women were found to have declined from an average of 2.9 children to 2.6 children between SADHS 1998 and SADHS 2016. Women in urban areas were found to have an average of 2.4 children, compared with 3.1 children among women in non-urban areas. Fertility ranges ranged from a low of 2.1 children per woman in the Western Cape to a high of 3.1 children per woman in North West and Limpopo. Twenty-seven per cent of children aged under five years were found to be stunted, or too short for their age. Stunting is an indication of chronic undernutrition and is most common among children whose mothers have lower levels of education and among those from the poorest households. Three per cent of children under five were found to be wasted, or too thin for their height. Wasting is an indication of acute malnutrition. Six per cent of children

under five were found to be underweight. Many children in South Africa also suffer from over-nutrition. Thirteen per cent of children under five were found to be overweight (heavy for their height). The SADHS 2016 results showed that just under one-third of men (15 years and older) smoke tobacco and binge drink alcohol. Furthermore, just under one-third of men were overweight or obese, compared with two-thirds of women who participated in the survey.

In the 2018/19 financial year, the Health Systems Trust (HST) and NDoH collaborated to produce the *District Health Barometer* (DHB) and the *South African Health Review* (SAHR). These are annual publications aimed at monitoring progress in health systems and disease trends. The DHB uses routine data to monitor and compare district performance on key indicators, while the SAHR is a peer-reviewed journal presenting broad evidence of policy, determinants of health, diseases, health promotion, health systems strengthening, and financing. Furthermore, the HST produced research studies on: (i) inter-sectoral collaboration; (ii) the knowledge translation model; (iii) patient experience of care on hypertension and diabetes care at PHC facilities; and (iv) the status of health policy and systems research in South Africa. These studies have provided valuable evidence to inform planning and interventions in various programme and health systems areas.

The 2018 Health Research Summit took place on 13 and 14 September 2018, with the theme 'Research for Health'. Over 150 delegates attended, including representatives from universities, science councils, civil-society organisations, private-sector research organisations, pharmaceutical companies, media houses, municipalities, the WHO, private-sectors funders, provincial health departments, and government departments. The Health Research Summit recommended: (i) Prioritisation of the social determinants of health, including the burden of disease, for funding; (ii) Building capacity of human resources for health, along a pipeline, and in line with national transformation imperatives; (iii) Improving health research funding flows and quantification; (iv) Creating a national system for implementing health research, with a national-provincial alignment of mandates, including funding; (v) Creating an evidence-based system of health research information management through collation, monitoring, evaluation and translation of health research; and (vi) Improving provision of and access to health research infrastructure, especially in academic health complexes.

The National Health Scholars Programme (NHSP) is a flagship development programme that aims to produce Masters and Doctoral graduates to advance the next generation of health researchers. A total of 107 postgraduate medical doctors (60 Masters and 47 PhDs) have benefited from the programme since its inception in 2013. The NHSP is a collaborative partnership between the Public Health Enhancement Fund (PHEF), the NDoH and the South African Medical Research Council (SAMRC). The PHEF is made up of 22 private companies in the health sector that focus their attention on building human capital for the country. In honour of the late Professor Mayosi, the NHSP was renamed the 'Bongani Mayosi National Health Scholars Programme' by the Minister of Health.

During 2018/19, an independent evaluation of NHI Phase 1 implementation was conducted in sample health facilities in the 11 NHI pilot districts, with key informants in four National Departments, nine provincial DoHs and 11 district health offices. The evaluation report was presented to the Department's management, the National Planning Forum and National Health Information System Committee of South Africa, the Technical Committee of the NHC, and the NHC. Thereafter the report was finalised and will be disseminated after a national workshop to discuss the implications of the findings and recommendations.

The **Sector-Wide Procurement Sub-programme** is responsible for developing systems to ensure access to essential pharmaceutical commodities. This is achieved through the selection of essential medicines, development and review of standard treatment guidelines, licensing of persons and premises that deliver pharmaceutical services, and development of innovative medicine supply chain interventions.

In 2018/19, the Department launched a South Africa-specific page on the Antibiotic Guardian website with links to clinical guidelines and policies for both animal and human healthcare workers to participate in. This was developed in collaboration with Public Health England.

South Africa pledged its commitment to the World Health Assembly resolution to develop a National Action Plan on Anti-Microbial Resistance (AMR). Using the Global Action Plan on AMR as a basis, South Africa launched its own National AMR Strategy Framework for managing AMR in 2014, later revised to 2018-2024 in line with the South African Veterinary Strategy 2016-2026. The Strategy promotes regular engagement and exchange of information between authorities in the fields of human health, animal health, agriculture and the environment. AMR surveillance dashboards in human health have also been developed with the aim of collaborating with relevant animal health counterparts to develop animal AMR surveillance dashboards. South Africa continues to work with other global agencies, such as the WHO, Food and Agriculture Organisation, and the World Organisation for Animal Health, to advance implementation of the AMR Strategy in South Africa, and to support other countries in the development of their national action plans and implementation strategies.

South Africa is a participating member of the Global Antimicrobial Surveillance System (GLASS), which aims to improve on the data submitted over the past two years. Enrolment in this programme benefits countries by promoting exchange of standardised, comparable and validated data on AMR and peer support between countries. This informs decision-making and provides the evidence base for action and advocacy.

In order to understand the extent of the AMR problem in the country, South Africa has developed and implemented an online AMR surveillance dashboard combining human health data from both the private and public healthcare sectors. The first annual South African Surveillance Report has been published, presenting the current available information on AMR in humans and antimicrobial consumption in animals and humans in South Africa over the period 2012-2017.

In the 2018/19 financial year, the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme continued to register new patients. The number of patients receiving their prescribed medicines using this distribution model increased from 650 000 in 2016/17 when the programme started, to 2 554 662 in 2018/19. This involved over 1 133 pick-up points, including occupational health sites, general practitioners and private pharmacies.

In addition, the National Surveillance Centre (NSC) continued to receive availability reports from health facilities. The number of reporting facilities increased from 3 492 in the 2017/18 financial year to 3 958 in the 2018/19 financial year. Data regarding medicine available at facility level will be used in the planned implementation of the new first-line ARV regimen.

**The Health Financing and National Health Insurance Sub-programme** develops and implements policies, legislation and frameworks for the achievement of UHC through the phased implementation of NHI; commissions health financing research (on, inter alia, alternative healthcare financing mechanisms for achieving UHC); develops policy for the medical schemes industry and provides technical oversight of the Council for Medical Schemes; and provides technical and implementation oversight of the two NHI conditional grants. The sub-programme is also responsible for implementing the Single Exit Price Regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees.

On 30 June 2018, the NHI Bill and Medical Schemes Amendment Bill were published in the Government Gazette for public comment. Comments of the stakeholders were reviewed and used in revising the NHI Bill. Thereafter, the revised NHI Bill was submitted to Cabinet in December 2018. On 7 February 2019, the President of South Africa announced in his State of the Nation Address (SONA) that the NHI Bill will be tabled in Parliament.

Considerable progress was made in registering NHI beneficiaries on the Health Patient Registration System in the 2018/19 financial year. The number of registered patients grew from 20 700 149 in the 2017/18 financial year to 39 794 082 in the 2018/19 financial year. The system is currently only implemented in public sector health facilities rendering services to an estimated 48.6 million uninsured citizens. This means that approximately 81% of the uninsured population are registered on the system. This progress was made possible by collaborative efforts between Provincial DoHs and various government departments, including the Department of Home Affairs, the Department of Basic Education, and the South African Social Security Agency (SASSA).

Single Exit Price Adjustment (SEPA) and Dispensing Fee reviews for pharmacists and persons licensed in terms of Section 22C1(a) of the Medicines and Related Substances Act (No. 101 of 1965) are performed annually. The final SEPA Gazette was published on 23 January 2019 for implementation of a 3.78% price increase.

**The International Health and Development Sub-programme** coordinates the development and implementation of bilateral and multilateral agreements and coordinates international development support, including domestication of multilateral treaties and conventions with strategic partners such as the Southern African Development Community (SADC), the African Union (AU), and United Nations (UN) agencies.

In the 2018/19 financial year, the Sub-programme coordinated South Africa's participation in various multilateral frameworks to address global, continental, regional and national health challenges, as well as domestication of the WHO International Health Regulations (2005), the Framework Convention on Tobacco Control (FCTC), and the SADC Treaty.

At global level, the Sub-programme coordinated preparations and participation in the 73rd United Nations General Assembly, particularly the first United Nations High-Level Meeting on Ending Tuberculosis and the Third High-Level Meeting on Non-Communicable Diseases held in New York from 24 to 27 September 2018. It also coordinated participation in the 71st World Health Assembly held from 21 to 26 May 2018 in Geneva, Switzerland; the 143rd and 144th Sessions of the Executive Board held on 28-29 May 2018 and 24 January-1 February 2019 respectively; and the Global Conference on Primary Health Care held in Astana, Kazakhstan on 25-26 October 2018: "From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals". The second G20 Health Ministers' meeting was held on 3-4 October 2018 in Argentina. Japan has taken over G20 Presidency for 2019, focusing on UHC, AMR, ageing, and health emergencies under the International Health Regulation. South Africa participated in the G20 Health Working Group meeting held on 25 January 2019 in Geneva in the margins of the Executive Board of the World Health Assembly (WHA).

At continental level, the Sub-programme coordinated South Africa's participation in the 68th Session of the WHO Regional Committee for Africa (WHO-AFRO) held in Dakar, Senegal on 27-31 August 2018. It also coordinated country inputs for finalisation of the African Union's Treaty on the establishment of the African Medicines Agency (AMA).

With regard to South-South cooperation, South Africa was Chair of BRICS, a five-country collaboration between the Federative Republic of Brazil, the Russian Federation, the Republic of India, the People's Republic of China and the Republic of South Africa. The Sub-Programme coordinated the 8th BRICS Health Ministers Meeting on 20 July 2018 in Durban, South Africa.

With regard to the SADC, the Sub-programme participated in various SADC Health Technical meetings such as Malaria Elimination 8; the MOSASWA (Mozambique, South Africa and Swaziland) Malaria Initiative; the SADC HIV/AIDS Cross Border Initiatives; and the SADC TB Programme, including TB in the Mines and SADC Food and Nutrition. All these technical reports/documents were

developed in preparation for the SADC Health Ministers meeting. The Sub-programme also coordinated South Africa's participation and attendance in the SADC Health Ministers meeting held Namibia from 5 to 9 November 2018.

The Sub-programme has coordinated bilateral projects with Africa and the Middle East, and implemented South-South and North-South partnerships. South-South relations have continued with China and Cuba. In collaboration of the Sector Wide Human Resources for Health Cluster, the Sub-programme has coordinated the return of 706 South African students studying medicine at Cuban Medical schools on the Nelson Mandela-Fidel Castro Medical Collaboration Programme, and managed recruited Cuban health professionals. In addition, the Sub-programme coordinated the implementation of projects with African and Middle-East countries. The projects cover cross-border malaria, HIV and AIDS, TB control, and modalities for tracking and tracing ex-miners with the view to compensating eligible ex-miners from Lesotho,

Mozambique, Swaziland and Botswana. The Sub-programme also coordinated the management of Iranian and Tunisian medical doctors recruited to South Africa.

With regard to North-South partnerships, various activities were pursued including: the JICA (Japan International Cooperation Agency) Project on Universal Health Coverage (NHI); the South Africa/USA Annual Bilateral Forum; final evaluation of the South Africa/European Union (EU) Financing Agreement on the PHC Programme; the Austrian proposal to build Soshanguve Hospital; South Africa-Germany annual consultations; South Africa/Japan through attending UHC training workshop; a French Expert Mission conducted in Pretoria; South Africa to assess the NHI status quo and identify NHI training needs; and the South Africa-UK Prosperity Fund (UK Better Health Programme) first phase started with a group of officials from the Office of Health Standards Compliance and the Ombudsman's Office going on a study tour in the UK from 4 to 8 March 2019 to benchmark and subsequently develop implementation plans for the agreed projects.

### Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Achieve Universal Health Coverage through the phased implementation of the National Health Insurance	Legislation for NHI	Draft NHI Bill finalised for submission to Cabinet	NHI Bill submitted to Parliament	NHI Bill submitted to Cabinet	NHI Bill not yet submitted to Parliament	Cabinet referred the Bill to the State Law Advisors for amendments. The Bill will be submitted to the sixth Parliament
	Private Health providers contracted to expand coverage of care	New Indicator	Private health providers contracted to purchase health services on behalf of population	Private health providers contracted to purchase health services on behalf of population	None	None
Implement eHealth Strategy of South Africa through the development of patient information systems	eHealth Strategy 2019-2023 published	New Indicator	eHealth Strategy 2019-2023 published	The eHealth Strategy 2019-2023 was finalised	The eHealth Strategy 2019-2023 has not yet been published	The strategy could not be published timeously as a number of comments had to be incorporated to draft strategy
Develop and implement a system for the creation of NHI Beneficiary Registry	Number of health facilities implementing health patient registration system (HPRS)	2968 PHC facilities implementing the web-based health patient registration system (HPRS)	3000 PHC facilities maintained; Additional 470 PHC facilities and 22 Hospitals implementing the health patient registration system (HPRS)	2955 PHC facilities maintained; Additional 80 PHC facilities and 6 Hospitals implementing the health patient registration system (HPRS)	- 45 PHC facilities (of which 13 PHC facilities were closed) not maintained; and 390 PHC facilities; and 16 hospitals did not implement the HPRS	The HPRS could not be implemented in hospitals due to difficulties linking hospital information system with HPRS
	Number of individuals from the population registered on the NHI Patient Beneficiary Registry	New indicator	35 000 000	39 794 082	+ 4 794 082	The import of additional beneficiary information from the SASSA database into the HPRS contributed to the target being exceeded

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Establish a national stock management surveillance centre to improve medicine availability	Total number of health facilities reporting stock availability at national surveillance centre	3492 of health facilities reporting stock availability at national surveillance centre	3625 of health facilities reporting stock availability at national surveillance centre (cumulative)	3598 of health facilities reporting stock availability at national surveillance centre (cumulative)	-27 health facilities	The deviation was a result of inaccurate target caused by provincial facility duplicate counting
Improve contracting and supply of medicines through innovative service delivery models	Number of patients enrolled for receiving medicines through the centralised chronic medicine dispensing & distribution (CCMDD) programme	2 182 422 patients enrolled for receiving medicines through the CCMDD system	2 500 000 patients enrolled for receiving medicines through the CCMDD programme (cumulative)	2 554 662 patients enrolled for receiving medicines through the CCMDD programme (cumulative)	+ 54 662 patients	There was an excess demand from patients to be registered on the programme
Improve the use of antibiotics in South Africa by implementing the Antimicrobial Resistance Strategy	Surveillance system implemented for monitoring resistance	Surveillance system for monitoring resistance developed	Surveillance system for monitoring resistance accessible to 3 provincial DOH	Surveillance system for monitoring resistance accessible to 3 provincial DOH	None	None
Regulate Traditional Practitioners in South Africa	Traditional Health Practitioners Amendment Bill drafted and published for comment	Amendment Bill of the Traditional Health Practitioners (THP) Act drafted	Traditional Health Practitioners Amendment Bill published for comment	Provincial Departments of Health and other National Departments consultation on the draft amendment Bill done. Consultation with state law advisor on preliminary opinion completed	Traditional Health Practitioners Bill not yet published for comment.	Consultation process with stakeholders and affected Departments took longer than anticipated. Delay in finalising the Socio-economic Impact Assessment System report
Regulation of the price on medicines through the transparent pricing system	Single Exit Price Adjustments published and implemented annually	2017/18 Annual Price Adjustments gazetted and published	2018/19 Annual Price Adjustments gazetted and implemented	2018/19 Annual Price Adjustments gazetted and implemented	None	None
Improve the acceptability, quality and safety of health services by increasing user and community feedback and involvement	Number of PHC health facilities conducting Patient Experience of Care Survey	National PEC Survey was completed and report produced	1500 PHC facilities conducting Patient Experience of Care Surveys annually	1586 PHC facilities conducting Patient Experience of Care Surveys annually	+86 PHC facilities	More facilities conducted PEC survey because of expanded training on guidelines and support provided to provinces by the NDoH
Implement an integrated monitoring and evaluation plan aligned to health outcomes and outputs contained in the Health Sector Strategy	NHI Phase 1 Evaluation conducted	A service provider was appointed to conduct the the NHI Phase 1 evaluation. The evaluation protocol with data collection tools were submitted for ethical clearance	NHI Phase 1 Evaluation report published	NHI Phase 1 Evaluation report finalised and disseminated to provinces	NHI Phase 1 Evaluation report not published	Opportunity given to provinces to provide final comments



**Strategy to overcome areas of under performance**

The eHealth Strategy will be published and disseminated in the 2019/20 financial year.

Engagement with State Law Advisors are underway, which will pave the way for obtaining Cabinet approval for publishing the Traditional Health Practitioners Bill for comment.

The Department is working with the Provincial Departments of Health to resolve challenges encountered in enrolling PHC facilities under administration of Metro Municipalities to implement HPRS. The process for integrating the Western Cape Master Patient Index into the HPRS will commence in 2019/20 financial year.

**Changes to planned targets**

None.

**Linking performance with budgets**

Sub-programmes	2018/2019			2017/2018	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	4 494	4 185	309	3 981	3 328
Technical Policy and Planning	18 448	13 827	4 621	94 662	92 751
Health Information Management, Monitoring & Evaluation	60 977	54 327	6 650	57 400	56 041
Sector-wide Procurement	93 144	76 706	16 438	132 236	39 453
Health Financing and NHI	1 628 974	1 109 648	519 326	553 276	567 004
International Health and Development	86 162	75 298	10 864	83 399	82 963
<b>Total</b>	<b>1 892 199</b>	<b>1 333 991</b>	<b>558 208</b>	<b>924 954</b>	<b>841 540</b>

### 2.4.3 Programme 3: HIV / AIDS, TB and Maternal and Child Health

**Purpose:** Develop national policies, guidelines, norms and standards, and targets to decrease the burden of disease related to the HIV and tuberculosis epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women; support the implementation of national policies, guidelines, and norms and standards; and monitor and evaluate the outcomes and impact of these.

There are four budget sub-programmes:

- HIV and AIDS
- TB Control and Management
- Women, Maternal, Neonatal and Reproductive Health
- Child, Youth and School Health

The **HIV and AIDS Sub-programme**: is responsible for policy formulation, coordination, and monitoring and evaluation of HIV and sexually transmitted diseases services. This entails coordinating the implementation of the National Strategic Plan on HIV, STIs and TB, 2017-2022. Management and oversight of the large conditional grant from the National Treasury for implementation by the provinces is an important function of the sub-programme. Another important purpose is the coordination and direction of donor funding for HIV, especially PEPFAR, and Global Fund, in the health sector.

In 2018/19 financial year the national wellness campaign called Cheka Impilo was launched by the Deputy President on 1 December 2018. With regard to HIV testing, a total of about 14.9 million HIV tests were performed in 2018/19 financial year against the target of 14 million tests.

A total of 726 202 616 male condoms and 17 658 915 female condoms were distributed in 2018/19. A national condom campaign was also launched by the Deputy President and the Minister of Health on the 1 December 2018.

The medical male circumcision (MMC) programme performed 595 006 (99%) circumcisions nationally against a target of 600 000 circumcisions. The improved performance by the programme was due to implementation of project 300K during the winter season. Major strides were made in the traditional sector where traditional leaders, especially in Eastern Cape province, allow MMC implementing partners to perform medical circumcisions at traditional initiating sites. To ensure adequate supply and demand for MMC services, the programme has: a) developed a web based, on line training hub to capacitate all cadres of health workers and b) designed a focus for impact demand generation strategy & implementation guide to be used by all MMC stakeholders.

The **TB Control and Management Sub-programme**: is responsible for coordination and management of a national response to TB that incorporates strategies needed to prevent, diagnose and treat both drug sensitive TB (DS-TB) and drug resistant TB (DR-TB) TB. The sub-programme develops national policies and guidelines, norms and standards to inform good practice at provincial,

district, sub-district and health facility levels. The sub-programme shall also monitor implementation of the National Strategic Plan on HIV, STIs and TB, 2017-2022 with its vision of achieving zero infections, mortality, stigma and discrimination from TB and HIV/AIDS.

The biggest highlight in the 2018/19 financial year, not just for South Africa, but globally, was the first ever United Nations High Level meeting of Heads of State, to discuss Tuberculosis. The meeting, held on 26 September 2018 in New York, was motivated for the Minister of Health acting as the chair of the Stop TB Partnership Board, and was addressed by President Cyril Ramaphosa. The HLM endorsed ambitious global commitments, including, the drive to find 40 million TB infected persons by 2022 globally. South Africa is expected to contribute 1 million over this period to the global target.

In addition, the Sub-programme registered the following achievements:

- Elimination of “injectables” in the treatment of drug-resistant TB (DR-TB), which, because of toxicity, was responsible for side effects such as hearing loss. Treatment success rates of 65% were recorded (compared to the global average of 55%);
- The Quality Improvement initiative for TB was successfully rolled out in 10 sub-districts, with 266 facilities assisted to undertake optimised TB screening (which will assist in finding missing TB patients);
- About R800 million received from the Global Fund was used to roll-out a comprehensive package of TB services for active case finding, with performance on TB screening exceeding targets
- Near completion (98%) of fieldwork for South Africa’s first TB prevalence survey, as well as the integration of TB and HIV/AIDS information systems that is, in 95% of all health facilities (all PHC facilities covered, and only some hospitals still outstanding); and
- Strengthening of the drive to mobilise leaders to be involved in the response against TB, with a focus on parliamentarians, provincial legislators and religious leaders during a successful commemoration of World TB Day; Launch of the South African Chapter of the Global TB Caucus (by the Speaker of the National Assembly) that will be a platform for intensified mobilisation of parliamentarians and legislators.

The **Women, Maternal, Neonatal and Reproductive Health Sub-programme** develops and monitors policies and guidelines for maternal and women’s health, sets related norms and standards, and monitors implementation. Over the medium term, key initiatives indicated in the Maternal and Child Health Strategic Plan were implemented. In addition, efforts to reduce maternal mortality were based on the recommendations from the Ministerial Committees on Maternal Mortality and the South African Campaign on the Reduction of Maternal Mortality in Africa (CARMMA) strategy. Interventions included: strengthening family

planning services, conducting Essential Steps in Managing Obstetric Emergency (ESMOE) training for doctors and midwives, intensifying midwifery education and training, and strengthening infant-feeding practices.

In the 2018/19 financial year, the Sub-programme focused on the development of the new guidelines in order to emphasise a rights based approach to sexual and reproductive health services. The new guidelines developed are: Safe Conception and Fertility, Post Exposure Prophylaxis, Choice on Termination of Pregnancy, Breast cancer prevention and Control, Cervical cancer prevention and control and the update of the contraceptive guidelines. The guideline on the prevention of mother to child transmission was also updated to cover HIV, TB, Listeriosis, Hepatitis and other communicable diseases.

The Sub-programme also led the cancer campaign as pronounced by the President of South Africa during the SONA in 2018. Several activities were conducted in KwaZulu-Natal (uMgungundlovu, uMkhanyakude and Madadeni), and Northern Cape reaching over 8000 women on cervical cancer screening and clinical Breast Examination.

While the deliveries between 10 – 19 years remain unchanged at 12.6%, there were several campaigns conducted in collaboration with HEAIDS in higher learning institutions to motivate young people to use the long acting reversible contraceptives. The Sub-programme had several supply chain challenges regarding the availability of the contraceptives including the condoms hence performance on couple year protection rate has plateaued at 62.7%.

The IMMR continue to decline reaching the lowest ratio of 102/100 000 deliveries as a result of the implementation of quality improvement plans. The antenatal care 1<sup>st</sup> booking before 20weeks improved to 79.8% due to the continued implementation of MomConnect.

The **Child, Youth and School Health Sub-programme** is responsible for policy formulation, coordination, and monitoring and evaluation of child, youth and school health services.

The Department is conducting a nationwide immunisation coverage survey. The purpose of the survey is to estimate the proportion of children in South Africa at national and district levels who are fully immunised up to 18 months of age.

During 2018/19, the supplier related shortages of BCG vaccine continued to negatively affect the overall performance in the immunisation coverage of children under 1 year. Towards the end of 2018/19 financial year, the manufacturer has been able to meet demand.

The Sub-programme is also spear-heading a 3-year campaign called Side-by-Side; it describes the supportive relationship between a child and their caregiver, as well as the relationship between all those who help and advise the caregiver, including health care workers. Side-by-Side aims to convey the concept of partnership and togetherness, reminding everyone that it takes a village to raise a child; it speaks to the shared child-rearing journey that caregivers embark on with their children, and all those who help them.

Under-five mortality rates continued to fall in South Africa. However, many children fail to reach their full potential as evidenced by high levels of stunting. The Road-to-Health Booklet (RTHB) has been revised to make it more user-friendly and to leverage its potential as a communication and behaviour-change tool. The content in the revised RTHB is organised around five knowledge pillars. These are:

- (i) Nutrition for Healthy Growth
- (ii) Love, Play and Talk for Healthy Development
- (iii) Protection from childhood illnesses and injuries
- (iv) Health Care when sick
- (v) Extra care when needed

The Side-by-Side campaign also includes radio dramas which are on broadcast weekly on eleven regional radio stations in nine of the country's eleven official languages. The drama covers topics related to all of the five pillars and each episode is followed by a question and answer session featuring a local health care worker or other early childhood development expert.

Most caregivers are registered on MomConnect, a service whereby pregnant women and mothers of young infants receive regular health promotion messages by SMS. The service currently provides messages until the child is one-year-old. Messages to cover the period 1 – 5 years are currently being developed, and will be provided to caregivers through a Side-by-Side App. Provision of printed materials include the Side-by-Side messages in all official languages.

## Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
To implement combination of prevention and treatment interventions to reduce burden of HIV, STI and TB infections	Total number of clients remaining on ART (TROA)	New Indicator	5 000 000	4 629 831	-370 169	Target not achieved due to backlogs in capturing of data in Tier.Net.
	Number of people reached in the National Health Screening and Testing campaign annually	New Indicator	14 000 000	14 874 879	+874 879	Target has been achieved due to testing campaigns, data cleaning and mopping up. Intensified Advocacy, Communication, and Social Mobilisation (ACSM) activities in communities and institution of higher learning including public health facilities
	Medical Male Circumcisions performed	New Indicator	600 000	595 006	-4994	Inadequate demand creation by the contracted service providers resulted in low numbers of MMCs performed by contracted General Practitioners
	Number of undiagnosed TB infected persons (new cases) found	New indicator	80 000	42 734	-37 266	There were challenges of incompleteness of data, especially in the Free State and North West provinces
To reduce under 5 mortality rate to less than 33 per 1 000 live births	EPI coverage survey conducted	Draft survey protocol developed	Survey protocol developed and field work completed	Survey protocol developed and approved by Research Ethics Committee. Training of the master trainers who are to train the 1 400 field workers throughout the country took place on 11 and 12 March 2019	Field work was not completed	A delay was encountered in commencing the survey fieldwork on time and obtaining electronic maps of the sample
	EPI surveillance and coverage external review recommendations implemented	New indicator	Implementation plans developed in partnership with Provincial DoH; and Three (3) provincial trainings conducted	Implementation plans developed in partnership with Provincial DoH; and Nine (9) provincial trainings conducted	+ 6 provincial training workshops were conducted	Technical and financial support from WHO and UNICEF as well as technical support from BIOVAC accelerated performance

## Strategy to overcome areas of under performance

The implementation of 90-90-90 Treatment and Retention Acceleration Plan has been strengthened through daily reporting and monitoring of 328 high burden facilities. Health facilities are required, on a daily basis, to trace patients who miss appointments and are lost to follow-up. Additional data capturers have been appointed in some facilities. Data capturers have also been given daily capturing targets.

Health promotion through radio talk shows and the print media covering MMC will be intensified and the winter campaigns on MMC will also be continued during the 2019/20 financial year.

The fieldwork for the immunisation coverage survey will commence in April 2019 and will be completed within the 2019/20 financial year.

Officials of the National Department will be deployed to work directly with provinces, districts and health facilities that are under-performing in order to ensure that undiagnosed persons with TB are found and initiated on treatment.

## Changes to planned targets

None.

## Linking performance with budgets

Sub-programmes	2018/2019			2017/2018	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	5 409	5 094	315	6 465	5 293
HIV & AIDS	20 396 530	20 336 854	59 676	18 024 381	18 014 381
Tuberculosis	25 240	21 646	3 594	26 291	25 541
Women's Maternal & Rep health	17 907	14 283	3 624	15 722	14 230
Child, Youth & School Health	253 971	248 948	5 023	222 451	220 758
<b>Total</b>	<b>20 699 057</b>	<b>20 626 825</b>	<b>72 232</b>	<b>18 295 310</b>	<b>18 279 941</b>

#### 2.4.4 Programme 4: Primary Health Care Services (PHC)

**Purpose:** Develop and oversee implementation of legislation, policies, systems, and norms and standards for: a uniform district health system, environmental health services, communicable and non-communicable diseases, health promotion, and nutrition.

There are 5 budget sub-programmes:

- District Health Services
- Environmental and Port Health Services
- Health Promotion, Nutrition and Oral Health
- Non-Communicable Diseases
- Communicable Diseases

**The District Health Services Sub-programme:** The District Health System (DHS) is the vehicle for the delivery of Primary Health Care (PHC) services. The Sub-programme is central to supporting the health system to be efficient and effective. The National Health Act 61 of 2003 makes provision for the establishment of health districts and the organisation and delivery of services within the DHS. There is a need for functional district health management offices to manage the primary health care facilities such that they meet the standards of the Office of Health Standards Compliance (OHSC) and Ideal clinic status as well as achieve set targets for their key population health indicators.

This Sub-programme continues to collaborate with other government departments, development partners, private sector and civil society organisations to ensure that weaknesses within the DHS are addressed in order to: (i) Improve district governance and strengthen leadership and management of the district health system through well-functioning district health councils; (ii) Improve the functionality and uniformity of the districts through the creation of the uniform management structures for the district health management offices; (iii) Improve the governance of PHC facilities; (iv) Facilitate the establishment of a service delivery platform for provision of primary health care services within the District Health System; and (v) Improve the integration of services at all levels of the health system and between private sector and other government departments to address the social determinants of health and organise health services in the community and in PHC facilities optimally to meet the Office of Health Standards Compliance (OHSC) standards and to achieve targets set for population health outcomes.

In 2018/19 financial year, the Sub-programme engaged formally with all Provincial Departments of Health through the National District Health System and Hospital Coordinating Committees on matters of policy, legislation and strategies applicable to strengthening the District Health System as the vehicle to deliver quality District Health Services. These engagements also allowed colleagues to deliberate on how best to respond to the imperatives as required for the implementation of the National Health Insurance.

The functionality of PHC governance structures has been assessed and intervention plans developed to ensure

that the crucial link between communities and health facilities remain intact as this is the most appropriate way ensure that communities have a voice where it matters. In addition to the Ideal Clinic Realisation and Maintenance Programme, the Ideal Hospital Framework, which is a tool to institutionalise quality services being rendered by hospitals, has been introduced in all Provincial Departments of Health.

**The Environmental and Port Health Services Sub-programme:** Environmental Health is at the heart of public health interventions. This sub-programme's mandate is to lead the implementation of public awareness, health promotion and disease prevention, surveillance and inspection of both private and public premises. The Sub-programme is responsible for strengthening, supporting and monitoring the provision of Environmental Health Services by developing relevant legislation, policies, guidelines, norms and standards. These instruments are also used to assess and audit, through annual assessments, the compliance of Municipalities and Public Health Facilities to the relevant prescripts.

The Sub-programme is further responsible for strengthening and monitoring the provision of Port Health Services by controlling and preventing cross border movement of goods and people in order to control public health risks, prevent importation of communicable diseases and any events of international concern into the country in line with requirements of the International Health Regulations of 2005.

During the 2018/19 financial year, the Sub-programme continued its collaboration with the Office of Health Standards Compliance in a programme of assessing Public Health Facilities for compliance with the National Environmental Health Norms and Standards. A total of 110 facilities were assessed.

The Sub-programme also conducted 22 assessments of Municipalities for compliance with the National Environmental Health Norms and Standards. The assessments were developmental in nature wherein Municipalities are simultaneously assisted towards compliance to ensure are able to provide preventative health services that contributes towards realisation and success of the NHI. Trainings on these Norms and Standards were also conducted in three Provinces.

The Sub-programme convened and successfully hosted the annual World Environmental Health commemoration event in Mangaung Metropolitan Municipality, Free State Province on 26 September 2018.

A review of Environmental Health legislation was done to identify gaps and challenges in implementation. The scope of this review covered Regulations relating to the Management of Human Remains; Regulations relating to Lead in Paint as well as Environmental Health Regulations which was generated from merging some Regulations from the repealed Health Act, 1977.

The Annual Environmental Health Management Plan and report was developed as required by the National Environmental Management Act and a process of

reviewing the National Climate Change and Health Adaptation Plans initiated in order to align it with the strategy of the sixth administration, 2019-2024. Also implementation of the National Hand Hygiene behaviour change strategy continued through organising and co-hosting the hand hygiene workshop while engaging in all other activities that require Environmental Health and Port Health interventions.

Assessments of Points of Entry were conducted in order to monitor compliance with the International Health Regulations (IHR), 2005. Twelve (12) of the assessed 18 Points of Entry were compliant with the IHR, 2005 requirements. The Sub-programme has developed draft Port Health Regulations which will strengthen implementation of the International Health Regulations in the Points of Entry.

Various training was provided successfully to staff in order to improve services and standardisation across the various Ports of Entry across the country. A one-week training on International Civil Aviation Annexes and WHO International Health Regulation (2005) Core Capacity that was conducted at OR Tambo International Airport for 28 Port Health Officials from 11 international airports across South Africa. The Department of Health and Department of Transport jointly facilitated this training.

A Complaints and Compliments Management Standard Operating Procedure was approved to guide Points of Entry on complaints management. This will ensure clients are provided a mechanism to communicate complaints or compliments on the Port Health Services rendered

The Health Promotion, Nutrition and Oral Health Sub-programme: Optimal health promotion and disease prevention is essential to the success of PHC. Recognising South Africa's quadruple burden of disease, the sub-programme has identified the need to strengthen the Tobacco Control Programme. To achieve this, the Tobacco Products Control Act was reviewed to tighten loopholes and address key issues pertaining to tobacco control in accordance with the WHO Framework Convention on Tobacco Control. In the 2018/19 financial year, the draft Control of Tobacco Products and Electronic Delivery Systems Bill was published for public comments. This bill aims to expand the control of tobacco products to include new novel products such as Electronic Cigarettes.

According to the 2016 SADHS, 68% of women and 31% of men are either overweight or obese; and 13% of children under the age of 5 are overweight. Twenty percent of women fall in the severely obese category. Obesity, is an important risk factor for cardiovascular and kidney diseases, diabetes, some cancers, and musculoskeletal disorders. The South African diet has become sweeter, higher in fat, and saltier, while physical activity has declined. To avoid continuation of an epidemic of obesity the Department has adopted a multisectoral approach.

During the year a policy and strategy for oral health was finalised. The policy and strategy will improve standards for the delivery of Oral Health Services and improve oral health of South Africans.

In the 2018/19 financial year, collaborative work was undertaken with various stakeholders including the food and beverage sectors to implement interventions to create an enabling environment that supports availability and accessibility to healthy food choices in various settings and systematically assess effectiveness of these interventions. Among the key areas of focus is the school environment, early childhood development programmes and the workplace, including Government departments.

**The Non-Communicable Diseases Sub-programme:** The 2030 Agenda for Sustainable Development recognises the huge impact of NCDs worldwide, with a target set to reduce premature deaths from NCDs by one-third by 2030 (SDG target 3.4). Around 40% of deaths and 33% of the burden of disease in South Africa are attributable to NCDs. It is estimated by the World Health Organisation that the probability of premature mortality from NCDs in South Africa is 27%. The SADHS (2016) showed that the prevalence of hypertension in women and men age 15 years and over, was 46% and 44%, respectively in 2016. SADHS found that 13% of adult women and 8% of adult men have diabetes. Reducing non-communicable diseases and premature mortality requires a combination of redressing social and commercial determinants, promotion of good health through improved diet, increased physical activity, stopping tobacco use and reducing alcohol-related harm, increasing early diagnosis and treatment, and improved management and control of NCDs, including greater accessibility to services. The strategies in this reporting year and for the coming years prioritise tackling each of these elements.

In the 2018/19 financial year, the implementation of the National Cancer Strategic Policy Framework to strengthen diagnostic and treatment services for oncology as well as address the radiation oncology backlog was ongoing. While resource constraints impeded the full implementation of the National Policy Framework and Strategy on Palliative Care, significant progress was made in moving towards creating access to pain management. The Wellness Programme (Cheka Impilo) offered an opportunity for increased screening for hypertension and diabetes and creation of awareness on preventing NCDs.

Mental disorders continue to be a major and growing cause of Disability-Adjusted Life Years (DALYs), importantly the DALYs for mental disorders are high during youth and mid-adulthood. There is substantive evidence for both the effectiveness and cost-benefit of mental health interventions, including large benefits in treating common mental disorders such as depression and anxiety.

Regarding forensic mental health services, the demand for forensic psychiatric evaluations for persons who allegedly committed criminal offences is mounting. This resulted in the backlogs for the service and the resultant accumulation of State patients waiting for hospital admissions in detention centres.

During 2018/19, this sub-programme continued with efforts to strengthen early identification of mental disorders, putting greater emphasis on district specialist mental health teams and integration of mental health within the general health services. Focus was on interventions to

reduce the backlogs for forensic psychiatric evaluations and State patients in detention centres in collaboration with other stakeholder Departments such as Justice and Constitutional Development, the South African Police Service and Correctional Services.

The **Communicable Disease Sub-programme:** Communicable diseases are major causes of morbidity and mortality, and life expectancy will increase through effectively addressing these conditions. Communicable diseases are therefore central to obtaining the Department's vision of a long and healthy life for all South Africans.

In the 2018/19 financial year the National Work Plan for IHR Implementation in South Africa was developed, in line with the recommendation of the Joint External Evaluation. A mapping exercise was also conducted on Schistosomiasis and Soil-transmitted helminthiasis among primary school learners in Mpumalanga Province. Funding was secured from National Treasury for the 2019/20 MTEF, for the malaria endemic provinces of Limpopo, Mpumalanga and KwaZulu-Natal, this was to the tune of R 319 million.

### Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective statement	Performance indicator	Actual achievement 2017/18	Planned Target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Eliminate Malaria in South Africa	The National Malaria Elimination Strategic Plan for South Africa published	New indicator	Malaria Elimination Strategic Plan for South Africa published	The National Malaria Elimination Strategic Plan for South Africa was finalised	The National Malaria Elimination Strategic Plan for South Africa has not been published yet	The draft plan required technical inputs from WHO experts before it is finalised. Engagements between the Department's officials and WHO international experts had been confirmed for May 2018 but had to be postponed to July 2018. This affected the entire drafting process timelines
Implement the International Health Regulations Joint External Evaluation recommendations	Joint External Evaluation (JEE) Recommendations implemented	New indicator	Work plan for JEE recommendations developed	Work plan for JEE recommendations developed	None	None
Strengthen district governance and improve management and leadership of the district health system	Number of districts compliant with the minimum requirements of the District Health Management Office structure guidelines	National Guidelines for District Health Structures approved	Plans developed for 10 districts structures to meet minimum requirements of the guidelines	Plans developed for 10 districts structures to meet minimum requirements of the guidelines	None	None
	Number of PHC facility committees assessed to determine functionality	3437 PHC facility committees assessed to determine its functionality	3400 PHC facility committees assessed to determine its functionality; Report on findings with recommendations completed	3426 PHC facility committees assessed to determine its functionality; Report on findings with recommendations completed	+ 26 PHC facility Committees	More performance was due to the Teamwork which ensured that status determinations, peer reviews and peer reviews updates for are conducted in all PHC facilities



Strategic objective statement	Performance indicator	Actual achievement 2017/18	Planned Target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Improve quality of services at Primary Health Care (PHC) facilities through the Ideal Clinic initiative	Number of PHC facilities in the 52 districts that qualify as Ideal Clinics	1507 PHC facilities in the 52 districts qualify as Ideal Clinics	1400 PHC facilities in the 52 districts qualify as Ideal Clinics	1920 PHC facilities in the 52 districts qualify as Ideal Clinics	+ 520 PHC facilities	The performance was due to the Teamwork by all levels of government to ensure that facilities quality improvement plans in the implementation of the programme
Improve accessibility of Primary Health Services to people with disabilities	Proportion of PHC facilities accessible to people with disabilities	36% of PHC facilities accessible to people with physical disabilities	40% of 3400 PHC facilities accessible to people with disabilities	42% of 3400 PHC facilities accessible to people with disabilities	+2% PHC facilities	The performance was due to the continued prioritisation and implementation of infrastructure plans by districts and cooperation from infrastructure across all levels
Improve quality of services at District Hospitals through the Ideal District Hospitals Programme	Ideal District Hospital Framework implemented	Draft of the Framework for Ideal District hospital presented to National District Health System Committee	Status of all district hospitals determined against the ideal district hospitals framework version 1	Status of district hospitals in 6 provinces determined against the ideal district hospitals framework version 1	Status of district hospitals not determined in the provinces of Gauteng, Limpopo and Western Cape	Management in the provinces of Limpopo and Western Cape required that the Framework be presented at the Technical Committee of the National Health Council before implementation
Improve environmental health services in all 52 districts and metropolitan municipalities in the country	Number of public health facilities assessed for adherence to Health Care Risk Waste (HCRW) Norms and Standards	54 public health facilities assessed for adherence to Health Care Risk Waste (HCRW) Norms and Standards	78 Major Health Care Risk Waste (HCRW) generating public health facilities (hospitals that generate more than 25kg per day) assessed for adherence to HCRW Norms and Standards	110 Major Health Care Risk Waste (HCRW) generating public health facilities (hospitals that generate more than 25kg per day) assessed for adherence to HCRW Norms and Standards	+32 public health facilities	Collaboration with the Office of Health Standards Compliance, which appointed Community Service Environmental Health Practitioners to assist in assessing more Public Health Facilities annually.
	Number of municipalities that are randomly selected and audited against environmental health norms and standard in executing their environmental health functions	20 municipalities are randomly selected and audited against environmental health norms and standards in executing their environmental health functions	21 municipalities are randomly selected and audited against environmental health norms and standards	22 municipalities are randomly selected and audited against environmental health norms and standards	+1 municipality	The Cape Winelands District Municipality was not in the original Plan of municipalities to be audited. It was added considering that it had only been audited once since the implementation of National Environmental Health Norms and Standards in 2015/16 financial year.

Strategic objective statement	Performance indicator	Actual achievement 2017/18	Planned Target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Strengthen district mental health services	Number of Districts with Mental Health Teams established	14 districts with mental health teams established	15 districts with mental health teams established	3 districts with mental health teams established	-12 districts	Lack of financial resources is the main constraint in establishing the district mental health teams
Expand provision of rehabilitation services, and accessibility of Primary Health Services to people with physical disabilities	Number of multi-disciplinary rehabilitation teams (physiotherapist, optometrist, audiologist, occupational therapist) established	Survey was conducted to determine the number of districts with an inter-disciplinary rehabilitation team. Provinces submitted reports of survey results	2 multi-disciplinary rehabilitation teams established	2 multi-disciplinary rehabilitation teams established	None	None

### Strategy to overcome areas of under performance

The finalised malaria elimination plan will be printed in 2019/2020 financial year. The Ideal Hospital Framework will be presented to the Tech-NHC meeting during 2019/20 financial year to ensure status determination of district hospitals in Limpopo and Western Cape are also conducted.

An investment case is being prepared to address underfunding of mental health services in provinces.

### Changes to planned targets

None.

### Linking performance with budgets

Sub-programmes	2018/2019			2017/2018	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	5 324	4 653	671	4 402	3 955
District health services	9 776	8 857	919	38 375	34 947
Communicable diseases	20 283	15 636	4 647	19 204	18 397
Non-communicable diseases	52 046	28 516	23 530	22 332	21 236
Health promotion, nutrition and Oral Health	19 227	17 354	1 873	23 039	21 306
Environmental and Port Health Services	173 080	173 074	6	155 991	153 930
<b>Total</b>	<b>279 736</b>	<b>248 090</b>	<b>31 646</b>	<b>263 343</b>	<b>253 771</b>

### 2.4.5 Programme 5: Hospital, Tertiary Health Services and Human Resource Development

**Purpose:** Develop policies, delivery models and clinical protocols for hospitals and emergency medical services. Ensure alignment of academic medical centres with health workforce programmes, training of health professionals and to ensure the planning of health infrastructure meet the health needs of the country. This programme will also assist the government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice and recommendations on the role of nurses in attainment of desired health outputs.

There are five budget sub-programmes:

- Hospitals and Tertiary Health Services
- Trauma, Violence, EMS and Forensic Chemistry Laboratory
- Office of Nursing Services
- Health Facilities Infrastructure Planning
- Workforce Development and Planning

The **Hospitals and Tertiary Health Services Sub-programme** is responsible for tertiary services planning, policies that guides the management of and service standards in hospitals as well as to ensure the production of appropriate numbers, staff mix and appropriately qualified health professionals.

In 2018/19 financial year, peer reviewers to assess compliance with the National Core Standards were conducted at Chris Hani Baragwanath, Charlotte Maxeke, Steve Biko, Dr George Mukhari, Universitas, Nelson Mandela, Inkosi Albert Luthuli, King Edward VIII, Groote Schuur and Tygerberg hospitals. King Edward hospital did not achieve because some wards at King Edward hospital were damaged by a storm resulting to those wards being closed temporarily. Teams from the National Department of Health also conducted support visits to selected hospitals to develop Service Delivery Improvement Plans. In addition, the Ideal Hospital Framework was introduced and workshopped in all Provincial Departments of Health with the aim of further strengthening service delivery.

The Trauma, Violence, EMS and Forensic Chemistry Laboratory Sub-programme is responsible for improving the governance, management and functioning of Emergency Medical Services (EMS) in the country through strengthening the capacity and skills of EMS personnel, identification of needs and service gaps, and provision of appropriate and efficient EMS by providing oversight of provinces. To provide a high-quality, effective system of emergency medical care, each EMS system must be supported by comprehensive enabling legislation that governs the provision of EMS. The key components of this legislation include authority for national co-ordination, and standardised treatment, transport, communication and evaluation, including licensure of ambulances.

The Sub-programme is also responsible for ensuring the effective and efficient rendering of forensic chemistry services to support the criminal justice system and reduce the burden of disease and unnatural causes of death. The sub-programme is also mandated to ensure the effective and efficient rendering of Forensic Chemistry Laboratory (FCL) services and to develop policies that guide the management of and service standards of Forensic Pathology Services. Forensic Chemistry laboratories are a National Competency of NDOH in the provision of (i) the testing of biological tissues and fluids for the presence of poisons and/or drugs in instances of unnatural deaths (toxicology analysis); (ii) the testing of ante-mortem and post-mortem blood for the presence of alcohol in alleged drunken driving matters (alcohol analysis); and (ii) food testing in terms of the Foodstuffs Act.

In 2018/19 financial year, the FCL Johannesburg eliminated 92,8% of their blood alcohol backlog of samples that were older than 90 days on 31 December 2017.

In 2018/19 financial year, The Sub-programme facilitated the roll out of the EMS Regulations and Regulations relating to Emergency Medical Care at Mass Gathering Events in all provinces. Draft regulations relating to Standards for EMS were also prepared in collaboration with the Office of Health Standards Compliance to further improve the quality of EMS provision. The Quality Council for Trade and Occupations was consulted to develop a Level 4 qualification for currently employed EMS personnel without a matriculation qualification to facilitate redress and access to higher education and training. In addition, the National EMS Day is commemorated on 17 October as part of National Health Calendar.

The Office of Nursing Services Sub-programme is responsible for ensuring that nursing and midwifery practitioners are competent and responsive to the burden of disease and population health needs. This sub-programme provides leadership in the implementation of the recommendations emanating from the nursing strategy by co-ordinating the three core areas of nursing, including education, regulation and practice. It is responsible for the promotion and maintenance of a high standard and quality of nursing and midwifery by ensuring that nursing education and training is harmonised with population health needs and are commensurate with the related competency framework, by providing guidance on the production of sufficient numbers and the appropriate categories of nurses required to deliver healthcare services. This sub-programme is also responsible for enabling intra- and inter-professional liaison to harness nursing interventions into a coherent response to population and health service needs.

In 2018/19 financial year, a national policy for nursing education and training was approved by the National Health Council. Further, the National Health Council also approved the re-establishment of clinical training platforms in health establishments to strengthen clinical training for nurses. A Ministerial Task Teams was also appointed to conduct a review and redevelop the Nursing Strategy. Three core nursing curricula were finalised and submitted for accreditation by the Council on Higher Education (CHE) and South African Nursing Council (SANC). These three courses will commence in a phased approach with effect from 2020. All public nursing colleges were re-organised into a single college per province with multiple campuses in health sub-districts or districts. This re-organisation enables provinces to better respond to broad range of national requirements, while improving access to public nursing colleges by local communities. The Department collaborated with the SANC on Continuing Professional Development (CPD) for nurses and midwives in an effort to promote and maintain professional standards of excellence, relevant to the constantly changing health needs of the South African community.

The **Health Facilities Infrastructure Planning Sub-programme** focuses on co-ordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care in line with national policy objectives. The sub-programme is funding infrastructure projects ranging from new and replaced facilities; upgrades and additions; refurbishment, rehabilitation and renovations, to maintenance and repairs. The 2018/19 planned projects included projects funded by the Provincial Equitable Share, Health Facility Revitalisation Grant, and In-kind Grant. At the end of March 2019, maintenance was completed in 225 facilities, 17 clinics and CHCs constructed or revitalised and 2 hospitals were constructed or revitalised.

The **Workforce Development and Planning Sub-programme** is responsible for effectively articulating human resource needs and optimising the performance of the health workforce to achieve the strategic goals of the National Health System. This entails facilitating medium-to

long-term workforce planning in collaboration with national and provincial stakeholders, using a national planning model based on staffing norms and standards. Based on this planning, post-school institutions and stakeholders are engaged to ensure adequate and responsive pre- and in-service education, training and development, with an emphasis on occupation-appropriate qualifications and workplace-relevant learning. The sub-programme also works with provinces to develop and maintain strategic human resource systems and effective management practices at all levels of the health system. These functions ensure a sustainable and targeted increase in the health workforce capacity (numerically and in terms of competency), particularly in critical occupations required for health service delivery and management.

The Nelson Mandela-Fidel Castro Medical Collaboration Programme was established in 1996 to reform the training of medical professionals in order to strengthen the primary health care approach. The Programme continues to make a major contribution to the production and distribution of health workforce capacity in South Africa. During May 2018, there were 2 666 students studying medicine at Cuban medical schools. A total of 706 students returned in 2018 and 650 are expected to return in July 2019. Upon their return, these students then enter into an integration programme at South African Universities before proceeding with internship and community service. A total of 57 students graduated in 2018.

The online Internship and Community Service Programme (ICSP) System, used to allocate and appoint medical interns and community service personnel in the Public Health Sector since 2017, was enhanced during the 2018/19 financial year. A significant achievement of the use of the enhanced systems is that South Africans who studied in South African Institutions of Learning were allocated by October 2018. The publicly accessible dash board has also resulted in improved communication, planning and decision making. The system enhancement has also improved multiple stakeholder involvement, collaboration and commitment. Further, the automation has also minimises the risks associated with a manual transfer procedure. The system further assist in controlling the pipeline of 17 health professional categories that are coming into the work environment.

In August 2018, a National Indaba on Human Resources for Health was held as a part of the development of the sector human resources for health strategy. Subsequent to the Indaba, a Ministerial Task Team was established to support and advance the development of the HRH Strategy.

## Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Strengthen local decision making and accountability of central hospitals to facilitate semi-autonomy.	Number of central hospital organisational structures aligned with Guidelines on Organisational Structures for Central Hospitals	0 central hospital benchmarked as the organisational structure is still in the process of being reviewed	Guidelines on Organisational Structures for Central Hospitals approved by Tech NHC	Draft Guidelines on Organisational Structures for Central Hospitals developed	Final draft guidelines not yet presented to Tech NHC for approval	Consultations with provinces were delayed by resignation of the senior manager who was driving the development of these guidelines
Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals.	Number of hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessed	37 hospitals ( 8 central, 15 tertiary and 14 regional hospitals) achieved overall performance of 75% and above	10 central hospitals achieved an overall performance 75% (or more) compliance with the National Core Standards assessed	9 central hospitals achieved an overall performance 75% (or more) compliance with the National Core Standards assessed	-1 central hospital	Some wards at King Edward hospital were damaged by a storm resulting to those wards being closed temporarily. This incident had a negative impact on the overall scores of the National Core Standards assessments
	Oncology services improvement plan developed	New Indicator	Oncology service improvement plan developed for public hospitals	National Cancer Strategic Framework for South Africa approved, which provides the basis for the development of the oncology services improvement plan	Oncology service plan was not developed	The development of oncology service improvement plan dependant on the finalisation of the National Cancer Strategic Framework for South Africa which was delayed
	Obstetric services improvement plans developed	New Indicator	Obstetric service improvement plan developed for public hospitals	The draft 2018/19–2023/24 National MCWH Strategy was developed which provides the basis for the development of the Obstetric services improvement plans	Obstetric service improvement plan for public hospitals not developed	The development of the National MCWH Strategy which was supposed to be used as the basis for the development of the obstetrics improvement plan had not been finalised
Ensure access to and efficient effective delivery of quality Emergency Medical Services (EMS)	Number of provinces that are monitored for compliance with the EMS regulations	Compliance checklist was finalised and presented to Tech NHC for approval. 9 Provincial DoH baseline assessments were conducted and reports produced to determine compliance levels	9 Provincial Department of Health monitored for compliance with the EMS regulations using the approved checklist 9 x EMS improvement plans revised accordingly	9 Provincial Department of Health monitored for compliance with the EMS regulations using the approved checklist. 9 EMS improvement plans revised accordingly	None	None

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
To build new and improve quality of health infrastructure in South Africa	Number of facilities that comply with gazetted infrastructure norms and standards	Specifications of 52 facilities compliant with Infrastructure norms and standards	400 facilities compliant with Infrastructure norms and standards	400 facilities compliant with Infrastructure norms and standards	None	None
	Number of clinics and Community Health Centres (CHCs) constructed or revitalised	27 clinics and CHCs constructed or revitalised	20 clinics and CHCs constructed or revitalised	17 clinics and CHCs constructed or revitalised	-3 health facilities	Contractual issues:- Non-sufficient performance of contractors or service providers; Bottlenecks experienced during execution of SCM procurement key activities.
	Number of hospitals constructed or revitalised	1 hospital constructed or revitalised	2 hospitals constructed or revitalised	2 hospitals constructed or revitalised	None	None
	Number of facilities maintained, repaired and/or refurbished in NHI districts	107 facilities repaired and/or refurbished in NHI districts	125 facilities maintained, repaired and/or refurbished in NHI districts	125 facilities maintained, repaired and/or refurbished in NHI districts	None	None
	Number of facilities maintained, repaired and/or refurbished outside NHI Districts	79 facilities maintained, repaired and/or refurbished outside NHI pilot districts	100 facilities maintained, repaired and/or refurbished outside NHI pilot districts	100 facilities maintained, repaired and/or refurbished outside NHI pilot districts	None	None
Improve management of PERSAL data to track implementation of staffing norms and facilitate HRH planning	HR regulations developed and promulgated to ensure WISN based HRH planning in PHC facilities	New indicator	Draft HR Regulations submitted to NHC for consideration	Draft HR Regulations have been developed	Draft HR Regulations were not yet ready for submission to NHC	Delays in obtaining legal input for the regulation due to limited capacity and competing priorities such as litigations
Improve the human resource planning by strengthening the placement process for medical interns and community service personnel	Percentage of South African Medical Interns and Community service personnel allocated in health facilities that studied at South African Universities	New Indicator	100% of South African Medical Interns and Community service personnel who studied at SA Universities allocated for placement by October for annual and April for asynchronous allocations respectively	100 % of South African Medical Interns and Community service personnel who studied at SA Universities allocated for placement by October for annual and April for asynchronous allocations respectively	None	None

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Develop and support implementation of health workforce staffing norms and standards	National Human Resources for Health (HRH) Strategy 2019-2024 drafted	HRH strategy consultations underway	HRH Strategic plan 2019 -2024 drafted	Ministerial Task Team established to support the drafting of HRH Strategy 2019 -2024	Drafting of HRH Strategic plan 2019 -2024 not completed during the 2018/19	Senior official responsible for leading strategy development resigned
Increase production of Human Resources for Health to strengthen capacity in the health system through the implementation of the Nelson Mandela Fidel Castro Medical Programme	Number of medical students returning to South African from the expanded Nelson Mandela Fidel Castro Medical Programme placed in local medical schools	Ministerial Task Team established	All students returning from Cuba during 2018/19 placed for final clinical training in the local medical schools	All students returning from Cuba during 2018/19 placed for final clinical training in the local medical schools	None	None
Improve management of health facilities at all levels care through the Health Leadership and Management Academy	Number of managers accessing the knowledge hub information system for coaching and mentoring	19 Hospital Managers and 28 Managers responsible for PHC	150 Hospital Managers and 900 PHC Managers accessing the knowledge hub information system for coaching and mentoring	22 Hospital Managers and 107 PHC Managers accessing the knowledge hub information system for coaching and mentoring	-128 Hospital Managers (CEOs and Hospital Team Members); -793 PHC Managers (Facility Managers & District Team Members)	Abrupt resignation of officials who were championing the Knowledge Hub resulted in reduced capacity for implementation
Strengthen Nursing Education Training and Practice through implementation of the objectives of the Nursing Strategy	New basic nursing qualification programmes and draft curricula developed	New basic nursing qualification programmes finalised 8 colleges with customised draft curricula	9/17 remaining colleges have customised curricula for the new 3-year Diploma in General Nursing. New courses commenced in 2019 academic year	9/17 remaining colleges have customised curricula for the new 3-year Diploma in General Nursing.	New courses not commenced in 2019 academic year because course were not yet accredited by Council on Higher Education	New courses could not commence in 2019 academic year because the courses were not yet accredited by Council on Higher Education
	Norms and standards for clinical training platform developed	Norms and standards for decentralised clinical training platform drafted and consulted	Norms and standards for clinical training platform approved	Norms and standards for clinical training platform approved	None	None
Eliminate the backlog of blood alcohol tests by 2018/19 and toxicology tests by 2020/21	Percentage backlog eliminated for blood alcohol tests	78% of backlog blood alcohol tests eliminated	100% backlog eliminated for blood alcohol tests in Johannesburg laboratory	92.8% backlog eliminated for blood alcohol tests in Johannesburg laboratory	-7.2%	The FCL experienced equipment failures in January 2019 that negatively affected their output.
	Percentage backlog eliminated for toxicology tests	27.7% of the backlog eliminated for toxicology tests	60% backlog eliminated for toxicology tests	36.3% backlog eliminated for toxicology tests	-23.7%	FCL Johannesburg & Pretoria experienced equipment failure due to load shedding in February and March, negatively affecting their output. FCL Cape Town had challenges with long outstanding import permits for certified reference materials, resulting in the delay of finalisation of numerous cases.

## Strategy to overcome areas of under performance

It is envisaged that the Ministerial Task Team will complete the drafting of the HRH strategy during 2019 and that the strategy will be published by the end of the 2019/20 financial year.

The oncology services improvement plan will be developed during 2019/20 guided by the priority areas in the approved National Cancer Strategic Framework for South Africa. The obstetric services improvement plan will also be developed during 2019/20 guided by the priority areas in the final National MCWH Strategy.

Clinical services offering that were affected by temporary closure of wards due to storm damages at King Edward Hospital are rendered at St Aidens, Addington, Inkosi Albert Luthuli and King Dinizulu hospitals whilst damaged wards are being repaired.

Since the Draft Regulations were not ready for NHC consideration, consultations with Key stakeholders will be completed to ensure that the final draft HR Regulations are submitted to the NHC during 2019/20 financial year.

Drafting of the HRH Strategy has since commenced. It is envisaged that a final draft will be completed during 2019/20 financial year for consideration and adoption by NHC.

New three courses for nurses has been submitted to the Council for Higher Education for accreditation and follow-up activities have been planned with Department of Higher Education and Training to ensure that the courses are accredited timely in order for nursing colleges to prepare for the 2020 academic year.

Equipment failure at the FCLs are partly due to back-up power generators and uninterrupted power supplies not kicking in during load shedding. The FCLs have advertised tenders for maintenance of back-up power generators and uninterrupted power supplies – these tenders were, however, not successful, and will be re-advertised. This should prevent further unnecessary equipment downtime due to power interruptions.

## Changes to planned targets

None.

## Linking performance with budgets

Sub-programmes	2018/2019			2017/2018	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	3 238	1 040	2 198	2 736	956
Health facilities infrastructure management	6 925 443	6 782 548	142 895	6 423 670	6 356 326
Tertiary health care planning and policy	12 405 087	12 404 538	549	11 680 763	11 679 930
Hospital management	6 498	4 674	1 824	5 911	5 865
Human resources for health	2 801 865	2 801 237	628	2 658 043	2 655 831
Nursing services	10 110	8 441	1 669	8 136	8 006
Forensic Chemistry Labs	148 424	121 830	26 594	127 421	114 759
Violence, Trauma and EMS	7 527	6 630	897	8 120	7 098
<b>Total</b>	<b>22 308 192</b>	<b>22 130 938</b>	<b>177 254</b>	<b>20 914 800</b>	<b>20 828 771</b>



## 2.4.6 Programme 6: Health Regulation and Compliance Management

**Purpose:** Promote accountability and compliance by regulatory bodies and public entities for effective governance and the quality of health care.

There are 2 budget sub-programmes:

- Compensation Commissioner for Occupational Diseases and Occupational Health
- Public Entities Management

The **Compensation Commissioner for Occupational Diseases and Occupational Health Sub-programme:** is responsible for the payment of compensation of active and ex-workers in controlled mines and works who have been certified to be suffering from cardio-pulmonary related diseases as a result of work place exposures in the controlled mines or works. Over the medium term, business processes will be re-engineered with regard to revenue collection; reducing the turnaround period in settling claims, amending the Occupational Diseases in Mines and Works Act (1973); and improving governance, internal controls and relationships with the stakeholders.

In the 2018/19 financial year, this Sub-programme's key success were payment of 9 485 claimants R207m from the Compensation Fund and certifications of 10 305 claims at the Medical Bureau for Occupational Diseases. 15 590 current and ex-miners accessed medical benefit examination services at mines, mobile clinics and occupational health centres in South Africa and neighbouring countries. 69 pensioners were paid R1 085 949 from voted funds. 106 controlled mines and works were inspected to assess their health risks and validate the payment of levies to the Compensation Fund. The highlight was the signing of the out-of-court settlement of the class action on Silicosis and TB between claimant lawyers and the gold mining companies in May 2018. This is a settlement amounting to R5 billion and covers claims on Silicosis and TB from 1965 till the date on which the high court approves the settlement which is expected later in 2019.

The **Public Entities Management Sub-programme** exercises oversight over the public entities and statutory councils in support of the Executive Authority's responsibility for public entities and statutory health professional councils falling within the mandate of the health legislation. Oversight is concerned with the review, monitoring and oversight of the affairs, practices, activities and conduct of the public entities and statutory councils. This is to ensure that the affairs of the entity/council are being conducted in the manner expected and in accordance with enabling legislation, certain provisions of the Public Finance Management Act (PFMA), 1999 (Act No.1 of 1999) as amended, and in conjunction with the principles contained in the King IV Report on Corporate Governance as well as other relevant policies and legislative prescripts.

During 2018/19 financial year, the National Health Laboratory Service Amendment Bill was considered and approved by the National Assembly, therefore Parliament concluded its process on the Bill, and the Bill was referred to the President for assent.

The National Public Health Institute of South Africa Bill was also finalised by the Portfolio Committee on Health however, the Bill did not make it on the programme of the National Assembly House for its last sittings.

The Minister approved the Council for Medical Schemes (CMS) recommendation to appoint the Registrar/Chief Executive Officer of the CMS in accordance with the Medical Schemes Act, 1998 (No. 131 of 1998) with effect from February 2019. The Registrar of the Health Professions Council of South Africa was also appointed in accordance with the Health Professions Act, 1974 (Act No. 56 of 1974) and assumed his position on 01 January 2019.

The Minister appointed the 16<sup>th</sup> South African Nursing Council for a new five-year Term of Office ending in August 2023. The Council was appointed in terms of the Nursing Act, 2005 (Act No.33 of 2005). In addition, the South African Pharmacy Council was appointed and/or elected in terms of the Pharmacy Act, 1974 (Act No. 53 of 1974) for the period of five years, ending in October 2023.

## Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective statement	Performance indicator	Actual achievement 2017/2018	Planned Target 2018/19	Actual achievement 2018/2019	Deviation from planned target to actual achievement 2018/2019	Comments on deviation
Establish the National Public Health Institutes of South Africa (NAPHISA) for coordinated and integrated disease and injury surveillance	Legal framework to establish National Public Health Institutes of South Africa (NAPHISA)	NAPHISA Bill tabled for consideration to the Parliamentary Portfolio Committee of Health	NAPHISA Act Promulgated into law	NAPHISA Bill was processed and finalised by Parliamentary committees	NAPHISA Act not yet promulgated into law	The final Bill did not make it on time to the programme of National Assembly for its last sittings
Improve oversight and Corporate Governance practices by establishing effective governance structures, policies and tools	Governance monitoring system implemented to strengthen oversight and corporate governance	Governance reports of 4 health entities and 6 statutory health professional councils produced	Bi-annual governance progress reports produced of all health entities and councils	Biannual governance progress reports of public entities and statutory health professional council produced.	None	None
Ensure integrated and coordinated governance and management oversight of public entities and statutory professional councils	Handbook for Board members serving on public health entities and statutory professional councils developed	New indicator	Handbook for departmental representatives serving on entities boards developed	Handbook for Board members serving on public health entities and statutory professional councils developed.	None	None

## Strategy to overcome areas of under performance

NAPHISA Bill may be dealt with by the sixth Parliament.

## Changes to planned targets

None.

## Linking performance with budgets

Sub-programmes	2018/2019			2017/2018	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	5 797	5 687	110	6 564	6 262
Food control	10 571	9 841	730	9 857	9 454
Radiation control	16 153	8 076	8 077	169 249	169 249
Public entities' management	1 706 859	1 700 192	6 667	1 499 266	1 498 922
Compensation Commissioner for Occupational Diseases and Occupational Health	65 664	59 262	6 402	61 673	58 621
<b>Total</b>	<b>1 805 044</b>	<b>1 783 058</b>	<b>21 986</b>	<b>1 746 609</b>	<b>1 742 508</b>

## 2.5 Transfer payments

## Transfer payments to Public Entities

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Compensation Commissioner for Occupational Diseases (CCOD)	The CCOD is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures	3 836	1 086	<ul style="list-style-type: none"> <li>-485 claimants paid R207 million from the Compensation Fund, 10 305 claims certified at the Medical Bureau for Occupational Disease, 15 590 current and ex-miners accessed medical benefit examination services at mines, mobile clinics and occupational health centres in South Africa and neighbouring countries and 106 controlled mines and works were inspected. 69 pensioners were paid R1 085 949 from voted funds.</li> </ul>
South African Medical Research Council (SAMRC)	To improve the nation's health and quality of life through promoting and conducting relevant and responsive health research	624 829	624 829	<ul style="list-style-type: none"> <li>- The SAMRC invested R4 million in the development and delivery of new and affordable antibiotic treatments for drug-resistant neonatal sepsis and sexually transmitted infections, conducted by the Global Antibiotic Research and Development Partnership (GARDP).</li> <li>- Scientists from the SAMRC Biomedical Research and Innovation Platform (BRIP) in collaboration with Stellenbosch University found a number of cases in which alternative treatments have altered the effects of prescription medication, by either diluting it, making it more potent or causing dangerous side effects.</li> <li>- The SAMRC in collaboration with the Botswana Council for the Disabled and the Institute of Development Management, has compiled evidence on the type of violence, risk factors and potential solutions to reduce violence against women and girls with disabilities.</li> <li>- The SAMRC's Division of Research Capacity Development (RCD) launched its first-ever RCD Grant Holders' Meeting to empower scientists who have been awarded grants to conduct health research. A total of R22,400,000.00 was awarded to some fifty scientists from various universities across South Africa following a competitive process.</li> <li>- In the area of maternal, newborn and child health, some of the major innovations that the SAMRC invested in include an innovative wave Doppler device, known as UmbiFlow, used to measure the Resistance Index (RI) in the umbilical cord, to evaluate the blood-flow through the placenta to the unborn child.</li> <li>- The SAMRC is at the forefront of cutting edge research and innovation to tackle HIV: 1) Several leading diagnostic laboratories in Africa and developed countries are using Exatype, a SAMRC funded innovation that provides rapid, accurate HIV drug resistance analysis for routine HIV drug resistance testing; 2) SAMRC has demonstrated the effectiveness of the national programme to Prevent Mother-to-Child-Transmission of HIV at six weeks and 18 months post-delivery; and 3) Over the past decade, SAMRC has funded ground-breaking research into several aspects of HIV and AIDS such as evaluating a new drug regimen for patients with drug-resistant TB – a randomised controlled trial (NEXt)</li> <li>- Non-communicable diseases (NCDs) – mainly cancer, cardiovascular disease, chronic respiratory diseases, and diabetes remain the most common cause of death and disability globally, accounting for 70% of all deaths. The SAMRC's researchers have demonstrated that reducing salt content of bread can save 6400 lives from stroke and R300 million in health care costs. This contributed to regulations on salt content of designated foods. The study "Intersectional Case Study: Successful Sodium Regulation in SA" was completed in 2012.</li> <li>- The SAMRC is implementing a £25 million global research programme on the prevention of gender-based violence.</li> <li>- R45 million per annum was invested to a joint Biomedical Research Programme with the U.S. National Institutes of Health.</li> <li>- Preparations for the 2017 Rapid Mortality Surveillance are underway. Data up until 2017 has been processed and compared with the Stats SA data up until 2016. This has helped to identify provinces where there appear to be problems with the transfer of death registration forms.</li> </ul>

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity(R'000)	Achievement of the public entity
Council for Medical Schemes (CMS)	Regulation of the Medical Schemes Industry with particular reference to Alignment to NHI processes	5 670	5 670	<ul style="list-style-type: none"> <li>- The funds were mainly utilised for the Prescribed Minimum Benefits (PMBs) review project. The proposed review of the PMB currently underway is of a comprehensive nature that will lead to a service-based package instead of the current diagnosis-based list. The addition of a comprehensive preventative and primary health-care package are a radical departure from the PMBs as they are currently. Significant alignment is also being made between the NHI service benefit package and the future PMBs</li> </ul>
National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost-effective laboratory services to all public clinics and hospitals	810 759	810 759	<ul style="list-style-type: none"> <li>- The NHLS managed to have 99 laboratories SANAS accredited.</li> <li>- The NHLS achieved its teaching, training and research mandate by training 9 epidemiologists, 57 registrars, 36 intern medical scientists, supervised 29 intern and registrars in occupational health and safety and 284 intern medical technologists.</li> <li>- 792 articles were published in peer review journals for the 2018/19 financial year.</li> <li>- Furthermore, the NHLS responded to all notified outbreaks within 24 hours and conducted 36 occupational and environmental health and safety assessments.</li> <li>- an annual Ekurhuleni National Cancer Registry report for 2018/19 financial year was produced.</li> </ul>
South African Health Products Regulatory Authority (SAHPRA)	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled Substances, clinical trials, medical devices, in vitro diagnostics and related matters in the public interest	125 189	125 189	<ul style="list-style-type: none"> <li>- SAHPRA focused on public health priority products in the categories of: TB (including paediatric formulations), ARVs (including combination formulations) and oncology health products.</li> <li>- The total number of health product registered in the financial year 2018/19 was 195 products.</li> <li>- The Authority developed and piloted a comprehensive costed backlog clearance strategy for human and veterinary pharmaceutical and biological products. The SAHPRA board aims to clear the backlog of medicine registrations within 2 years.</li> <li>- SAHPRA has also digitised and automated the section 21 (the use of unregistered medicines) applications process to ensure that there are no delays that would otherwise affect patient welfare.</li> <li>- The use of cannabis for medical use falls within the Inspectorate and Regulatory Compliance programme. The Zondo judgement surrounding cannabis caused a lot of confusion and The Regulatory Compliance Unit started conducting an awareness campaigns to clarify the position of SAHPRA, which was that the cultivation of cannabis was illegal when one does not have a cultivation license. The judgement dealt only with the recreational aspect of cannabis. Of the 20 applications for cultivation received, SAHPRA have inspected 16, including 3 sites, which inspected for a second time. Three sites have been approved and a cultivation license will be issued.</li> </ul>

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Office of Health Standard Compliance (OHSC)	To protect and promote the health and safety of health services users	129 678	145 449	<ul style="list-style-type: none"> <li>- The OHSC achieved an unqualified audit opinion from AGSA for the past 3 financial years. The organisation has developed policies and procedures to ensure good governance, sound risk management to prevent and detect fraud.</li> <li>- A total of 730 inspections, achieving the set target of 725 for inspections, using the applicable inspection tools at the various public health establishments.</li> <li>- The complaints call centre, which enables members of the public to lodge complaints with the OHSC, was operational throughout the year under review.</li> <li>- In the 2018/19 financial year, most complaints were received from Gauteng Province followed by the Western Cape and KwaZulu-Natal.</li> <li>- The electronic inspection system was enhanced to make it more efficient in support of the mandate of monitoring and enforcing compliance by Health Establishments with norms and standards.</li> <li>- An online annual returns system for public sector hospitals has been developed and was fully operational during the financial year 2018/19. An annual returns for private sector has also been developed and will be launched in the new financial year.</li> <li>- During the year under review, a service provider was appointed to conduct the training of OHSC Inspectors, Complaints Assessors and Investigators on the promulgated norms and standards for different types of health establishments.</li> <li>- Public Awareness Campaigns in a form of roadshows were conducted to share information with the general public about the work of the OHSC in various health establishments and provinces.</li> <li>- A series of consultative workshops with the public and private healthcare sector stakeholders and other key stakeholders from October 2018 to February 2019 to communicate the work of the Office and the requirements for the promulgated norms and standards regulations in all provinces.</li> <li>- The OHSC developed the draft Norms and Standards for Emergency Medical Services and submitted to the Minister of Health for consideration in the last quarter of the financial year. The development of regulatory inspection tools for Hospitals, Community Health Centres and Clinics is underway to further continue with implementation of regulations for different categories of Health Establishments in the 2019/20 financial year.</li> <li>- Consultative workshops with conducted with representatives from the Hospital Association of South Africa, private sector groups and the Independent Private Health Establishments to discuss the Clinic, CHC, and Hospital inspection tools and alignment to the regulations.</li> </ul>

## Transfer payments to all Non-Profit Institutions

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Health System Trust (HST)	NGO	To support the research projects commissioned to the HST which will contribute towards the development of an efficient management information system for improved decision making as per Strategic Plan 2015/16– 2019/20	Yes	-	11 170	The nursing study could not be finalised. HST payment was converted to goods and services
Health Information System Programme (HISP)	NGO	To support strengthening of the integrated routine health information system (District Health Information System maintenance, data management and transition to Web-DHIS); and to support NIDS (National Indicator Data Set) implementation	Yes	-	14 158	Not Applicable. HISP payment was converted to goods and services
Life Line	NGO	To manage the AIDS Helpline, which is a toll-free Call Centre. The Call Centre provides anonymous and confidential telephonic lay counselling, support and referral services 24 hours a day; it also offers HIV and TB treatment support to clinicians, and serves as a helpdesk for the HIV Nerve Centre, which monitors operational issues such as availability of ARVs and test kits, and lay counsellors in health facilities	Yes	23276	23276	Not applicable
Loveline	NGO	To support the Department in the implementation of HIV youth prevention interventions, including peer educators through Ground Breakers and Mphithi's and the live Chat Groups to facilitate dialogues and information sharing among youth	Yes	64750	64750	Not applicable
National Council Against Smoking	NGO	To prevent tobacco, use and promote tobacco cessation among users. NCAS manages a call centre that addresses queries and questions about tobacco and also educates the public about dangers of tobacco use	Yes	938	938	Not applicable
National Kidney Foundation of South Africa	NGO	To collate critical information on End-stage Kidney Disease and Renal Replacement Therapy (RRT) by the South African Renal Registry (SARR) in order to inform health service planning, research decision making and delivery	Yes	370	199	Delays in finalising and signing the SLA /Agreement resulted to a late approval for the transfer of funds to the Service Provider. Funds were transferred in September 2019
Soul City	NGO	To support the Department in the implementation of HIV youth prevention interventions and contribute to the She Conquers Campaign. Soul City's main focus includes youth support structures that facilitate dialogues and learning from peer to peer, and campaigns focusing on girls and young women (SHE Conquers)	Yes	20270	8 691	Delayed transfer of funds due to prior financial year rollover
South African Council for the Blind	NGO	Elimination of blindness through cataract surgeries	Yes	880	880	Not Applicable
South African Community Epidemiology Network on Drug Abuse (SACENDU)	SA MRC	Monitor trends on alcohol and drug abuse for the Department by gathering data from substance abuse treatment centres in the country	Yes	550	550	Not Applicable

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
South African Federation for Mental Health	NGO	Promote mental health in the population and ensure that mental health care users are integrated into the mainstream of community life and that their human rights in those communities are upheld	Yes	393	59	Delays due to the complexity of the project in nature. The SA Federation for Mental Health requested for an extension of a period of the contract until the end of June 2019 to finalise the project. The Accounting Officer/DG granted approval
<b>HIV &amp; AIDS NGOs</b>	<b>HIV&amp;AIDS:NGO</b>	<b>Form partnerships with NGOs rooted in communities to support the Department in extending health services</b>		<b>49 740</b>	<b>26 857</b>	
AgriAIDS SA NGOs	HIV&AIDS:NGO	HIV prevention strategies and treatment adherence support targeting farm workers	Yes	1 028	751	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Alliance Against HIV&AIDS (AAHA)	HIV&AIDS:NGO	Prevention strategies and treatment adherence support focusing on youth	Yes	1 248	805	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Bothuthi Lesedi Project	HIV&AIDS:NGO	HIV testing services and prevention strategies	Yes	1 398	485	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Centre for Positive Care (CPC)	HIV&AIDS:NGO	HIV prevention strategies targeting sex workers.	Yes	2 100	1 393	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Community Responsiveness Programme (CPR)	HIV&AIDS:NGO	HIV prevention strategies and treatment adherence clubs	Yes	1 044	1 023	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Educational Support Services Trust (ESST)	HIV&AIDS:NGO	HIV prevention strategies, treatment adherence and TB/ NCD screening	Yes	2 937	1 873	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Eagle Training and Development	HIV&AIDS:NGO	HIV prevention strategies and people living with HIV support	Yes	1 000	680	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Friends for Life	HIV&AIDS:NGO	HIV prevention strategies and treatment adherence support	Yes	1177	801	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Get Down Productions	HIV&AIDS:NGO	Social mobilisation and demand creation for HIV counselling and testing, MMC (medical male circumcision) and NCD	Yes	3 786	2 388	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Get Ready Information Services	HIV&AIDS:NGO	Psycho-social support and treatment adherence support	Yes	1 363	866	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Healthcare Development and Training Institute	HIV&AIDS:NGO	HIV testing services, MMC promotion, NCD screening and treatment support	Yes	1 000	998	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Highveld East Aids Projects Support (HEAPS)	HIV&AIDS:NGO	Prevention strategies and treatment support	Yes	4 538	3 102	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Humana People to People	HIV&AIDS:NGO	HIV testing services, training, prevention strategies targeting sex workers and truckers	Yes	1163	268	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Leandra Community Centre	HIV&AIDS:NGO	HIV testing services, prevention strategies and treatment adherence support	Yes	1663	507	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Leseding Care Givers	HIV&AIDS:NGO	Prevention strategies and treatment adherence support	Yes	1 625	1 095	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Mothers2Mothers SA	HIV&AIDS:NGO	Prevention of Mother to child transmission (PMTCT)	Yes	1 000	150	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.



Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Mpilonhle	HIV&AIDS:NGO	HAST programmes target school youth	Yes	1 125	752	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Muslim Aids Programme (MAP)	HIV&AIDS:NGO	Prevention strategies and treatment support	Yes	1 008	610	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
National Institute of Community Development and Management (NICDAM)	HIV&AIDS:NGO	Prevention strategies and treatment support	Yes	2 219	648	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
National Association of People Living with HIV/AIDS	HIV&AIDS:NGO	Treatment literacy and adherence support	Yes	5 000	1 818	The project period is not in-line with the Department's financial year. The project is funded for 6 months starting in January 2019.
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	HIV&AIDS:NGO	Advocacy and prevention strategies for MSM (men who have sex with men) and WSW (women who have sex with women)	Yes	2 301	1 527	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Ramotshinyadi HIV/AIDS	HIV&AIDS:NGO	Prevention strategies and treatment adherence support	Yes	1 000	587	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
St Joseph Care Centre-Sizanani	HIV&AIDS:NGO	Prevention strategies and treatment support	Yes	1 144	394	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Seboka Training and Support Network	HIV&AIDS:NGO	Prevention strategies and treatment support	Yes	1 414	487	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
TB/HIV Care Association	HIV&AIDS:NGO	HIV testing services, TB/NCD screening and MMC mobilisation	Yes	1 466	642	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
The Training Institute for Primary Health Care (TIPHC)		Prevention strategies and treatment support	Yes	1 156	352	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Ukamba Projects	HIV&AIDS:NGO	HIV testing services, treatment support and NCD screening	Yes	1 412	454	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
Zakheni Training and Development	HIV&AIDS:NGO	HIV testing services, treatment support and TB/NCD screening	Yes	2 425	1401	The project period is not in-line with the Department's financial year. The projects are funded for 9 months starting August/September 2018.
<b>Total</b>				<b>161 167</b>		

## 2.6 Conditional Grants

### Conditional grants and earmarked funds paid

#### National Tertiary Service Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To ensure provision of tertiary health services in South Africa</li> <li>- To compensate tertiary facilities for the additional costs associated with provision of these services</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 644 876 inpatient separations</li> <li>- 388 399 day patient separations</li> <li>- 1 210 403 outpatient first attendances</li> <li>- 2 945 919 outpatient follow-up attendances</li> <li>- 4 055 840 inpatient days</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 659 306 inpatient separations</li> <li>- 391 364 day patient separations</li> <li>- 1141 765 outpatient first attendances</li> <li>- 2 883 174 outpatient follow up attendances</li> <li>- 3 916 211 inpatient days</li> </ul>
Amount per amended DORA(R'000)	12,400,703
Amount received (R'000)	12,400,703
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	12,162,961
Reasons for deviations on performance	There is slight underspending by various provinces (Mpumalanga, Limpopo, North West and Gauteng), this is due to slow processes in procuring Machinery and Equipment and delays in filling of posts and late submission of invoices. Provinces have applied for roll-overs for budgets unspent.
Measures taken to improve performance	Facility visits and constant communication with facilities and provinces improves performance.
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports and site visits.

#### Comprehensive HIV/ AIDS Grant (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To enable the health sector to develop and implement an effective response to HIV and AIDS and TB</li> <li>- To support the national Department of Health (DoH) with the for AIDS Relief (PEP-FAR) transition process</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 800 000 new patients that started on ART</li> <li>- 5 000 000 patients on ART remaining in care</li> <li>- 953 152 462 male condoms distributed</li> <li>- 40 000 000 female condoms distributed</li> <li>- 169 659 exposed infants HIV positive at 10 weeks PCR test</li> <li>- 14 000 000 clients tested for HIV (including antenatal)</li> <li>- 600 000 Medical Male Circumcision performed</li> <li>- 565 494 patients on ART initiated on isoniazid preventative therapy (IPT)</li> <li>- 80 000 missing undiagnosed TB infected persons found</li> <li>- 7 500 clients initiated on new generation MDR and XDR regimen</li> <li>- 80%; TB symptom clients screened in facility rate</li> <li>- 90% TB client treatment success rate</li> <li>- 70%: TB Rifampicin Resistant confirmed treatment start rate</li> <li>- 90% TB MDR treatment success rate</li> <li>- 30 000 adherence clubs</li> <li>- 900 000 patients participating in adherence clubs</li> <li>- 34 707 community health workers trained</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 692 397 new patients that started on ART</li> <li>- 4 629 831 patients on ART remaining in care</li> <li>- 726 202 616 male condoms distributed</li> <li>- 17 658 915 female condoms distributed</li> <li>- 1 385 exposed infants HIV positive at 10 weeks PCR test</li> <li>- 14 874 879 clients tested for HIV (including antenatal)</li> <li>- 595 006 Medical Male Circumcision performed</li> <li>- 487 025 patients on ART initiated on isoniazid preventative therapy (IPT)</li> <li>- 42 734 missing undiagnosed TB infected persons found</li> <li>- 7 727 clients initiated on new generation MDR and XDR regimen</li> <li>- 78% TB symptom clients screened in facility rate</li> <li>- 75% TB client treatment success rate</li> <li>- 75% TB Rifampicin Resistant confirmed treatment start rate</li> <li>- 65.5% TB MDR treatment success rate</li> <li>- 20 530 adherence clubs</li> <li>- 601 605 patients participating in adherence clubs</li> <li>- 0 community health workers trained</li> </ul>

Amount per amended DORA(R'000)	19,921,697
Amount received (R'000)	19,921,697
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	19,658,246
Reasons for deviations on performance	The underspending is due to late delivery of goods by suppliers. This has resulted in accruals and rollovers have been requested.
Measures taken to improve performance	Strengthening of grant monitoring and forward planning.
Monitoring mechanism by the receiving department	Provincial (site) visits and grant reviews

### Health Facility Revitalisation Grant (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance</li> <li>- To enhance capacity to deliver health infrastructure</li> <li>- To accelerate the fulfilment of Occupational Health and Safety</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 25 facilities completed</li> <li>- 60 facilities maintained</li> <li>- 16 facilities upgraded and renovated</li> <li>- 26 facilities commissioned in terms of Health Technology</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 14 facilities completed</li> <li>- 73 facilities maintained</li> <li>- 34 facilities upgraded and renovated</li> <li>- 39 facilities commissioned in terms of Health Technology</li> </ul>
Amount per amended DORA(R'000)	6,057,202
Amount received (R'000)	6,057,202
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	6,072,743
Reasons for deviations on performance	The Departments of Health in provinces of Free State, Gauteng and North West underspent. Eleven facilities failed to reach a projected practical completion stage in March 2019. These facilities will be completed in 2019/20 financial year.
Measures taken to improve performance	The 2019/20 plans were review to ensure readiness of projects to implementation. Provinces were also asked look at their procurement system
Monitoring mechanism by the receiving department	Perform monitoring and oversight and data captured on the Project Management Information System

### Health Professional Training and Development Grant (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 370 Specialists</li> <li>- 1 335 Registrars</li> <li>- 325 medical Officers</li> <li>- 901 Clinical supervisors/trainers per category in Nursing, EMS and allied health and pharmacy</li> <li>- 23 grant administration staff</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 380 Specialists</li> <li>- 1287 Registrars</li> <li>- 230 medical Officers</li> <li>- 990 Clinical supervisors/trainers per category in Nursing, EMS and allied health and pharmacy</li> <li>- 13 grant administration staff</li> </ul>
Amount per amended DORA(R'000)	2,784,496
Amount received (R'000)	2,784,496
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	2,793,218
Reasons for deviations on performance	The under spending due to the delays in filling of specialist posts in Gauteng and Mpumalanga. Furthermore, Mpumalanga is also struggling to attract the specialists which affects the spending negatively.
Measures taken to improve performance	Facility visits and constant communication with facilities and provinces improves performance.
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports and site visits.

**Human Papillomavirus Grant (Direct Grant)**

Department that transferred the grant	National Department of Health
Purpose of the grant	To enable the health sector to prevent cervical cancer by making available HPV vaccination for grade four school girls in all public and special schools
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 80% of grade four school girls aged 9 years and above vaccinated for HPV</li> <li>- 80% of schools with grade four girls reached by the HPV vaccination team</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 83.1 % of grade four school girls aged 9 years and above vaccinated for HPV: dose 1</li> <li>- 61.2% of grade four school girls aged 9 years and above vaccinated for HPV: dose 2</li> <li>- 86.7% of schools with grade four girls reached by the HPV vaccination team</li> </ul>
Amount per amended DORA(R'000)	200,000
Amount received (R'000)	200,000
Reasons if amount as per DORA was not received	Not Applicable
Amount spent by the department (R'000)	179,481
Reasons for deviations on performance	The HPV vaccine is administered to girls with a minimum age of 9 years. The target is grade 4 because the assumption is that most girls in grade 4 are 9 years old. However, in some provinces many girls were not eligible because they were less than 9 years old. That being the case, a submission has been drafted for the HPV target grade to move to grade 5.
Measures taken to improve performance	The HPV Conditional Grant, for 2018/2019 was converted to a direct grant, which meant each Province had the full responsibility of managing their grant allocation effectively. The NDOH's role was to monitor and to provide support in line with the province - specific business plans that were signed by their respective HODs
Monitoring mechanism by the receiving department	The NDOH conducts pre and intra campaign visits during the 2 annual rounds. Data is entered on site at the schools onto android tablets and uploaded onto DHIS2.

**National Health Insurance Grant: Non-Personal Services Component**

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To expand the alternative models for dispensing and distribution of chronic medication</li> <li>- To fund the development of and roll out of new Health Information Systems in preparation for NHI</li> <li>- To develop a risk-adjusted capitation model for the reimbursement of Primary Health Care</li> <li>- To enable health sector to address the deficiencies in the Primary Health Care facilities systematically to yield fast results</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- Alternative chronic medicines dispensing and distribution model implemented (2 500 000)</li> <li>- 1 000 000 new patients</li> <li>- 1 535 126 total patients registered in the programme, of which 866 413 are patients on ART, 198 873 are patients on ARV with co-morbidities, and 469 840 are patients taking chronic medication for NCDs</li> <li>- 3 112 state and 1 261 non-state pick-up-points (PuPs)</li> <li>- 600 (17%) of PHC facilities peer reviewed</li> <li>- 1 500 (43%) of PHC facilities achieving an ideal health status</li> <li>- 3 470 PHC facilities and 22 hospitals implementing the Health Patient Registration System</li> <li>- 35 000 000 patients registered on the Health Patient Registration Systems (NHI beneficiaries registered)</li> <li>- 3 100 Primary Health Care facilities implementing an electronic stock replenishment system</li> <li>- 308 hospitals implementing an electronic stock replenishment system</li> <li>- Risk capitation model for reimbursement of PHC facilities developed</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- Alternative chronic medicines dispensing and distribution model implemented (2 554 662 patients)</li> <li>- 372 240 new patients</li> <li>- 2554 662 total patients registered in the programme, of which 907836 are patients on ART, 161102 are patients with co-morbidities on ARVs, and 345271 are patients taking chronic medication for NCDs</li> <li>- 3318 state and 1133 non-state pick-up-points (PuPs)</li> <li>- 569 (16%) of PHC facilities peer reviewed</li> <li>- 1920 (55%) of PHC facilities achieving an ideal health status</li> <li>- 3035 PHC facilities and 6 hospitals implementing the Health Patient Registration System</li> <li>- 39 794 082 patients registered on the Health Patient Registration Systems (NHI beneficiaries registered)</li> <li>- 3099 Primary Health Care facilities implementing an electronic stock replenishment system</li> <li>- 507 hospitals implementing an electronic stock replenishment system</li> <li>- Risk capitation model for reimbursement of PHC facilities developed</li> </ul>
Amount per amended DORA(R'000)	700,000

Amount received (R'000)	700,000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	588,812
Reasons for deviations on performance	2 968 PHC facilities were implementing HPRS at the end of 2017/18 financial year. The HPRS could not be implemented in additional 384 PHC facilities, which include facilities in the Western Cape and facilities managed by respective Metro's. The HPRS could not be implemented in 16 Hospitals due to the complexities of linking patient information system with HPRS in hospitals which resulted in delays as individual systems vendors took longer to respond.
Measures taken to improve performance	Quarterly review of the performance, follow up the delivery with suppliers and invoices.
Monitoring mechanism by the receiving department	Monthly and quarterly reviews of grant with the benefiting facilities.

### National Health Indirect Grant: Personal Services Component

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- Number of health professionals contracted (total and by discipline) - 230</li> <li>- Number of health professionals contracted through capitation arrangements - 10</li> <li>- Improved identification and management of high risk pregnancies – 5 000</li> <li>- Improved care of women during labour with management of complications – 5 000</li> <li>- Number of patients screened and treated for mental health problems – 22 000</li> <li>- Percentage reduction in the backlog of forensic mental observations – 2%</li> <li>- Number of learners who have been referred by school health services for further assessment and management to audiologists, optometrists, speech therapists and others – 54 810</li> <li>- Number of learners equipped with required assistive devices through school health services – 14 000</li> <li>- Percentage reduction in radiation oncology backlog – 5%</li> <li>- Number of Human Papillomavirus Vaccine (HPV) DNA tests rendered – 100% of screened</li> <li>- Number of patients confirmed to have cervical cancer screened by HPV DNA – 25 000</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- Number of health professionals contracted (total and by discipline) -247</li> <li>- Number of health professionals contracted through capitation arrangements – Capitation model only completed year-end and no contracting started yet.</li> <li>- Improved identification and management of high risk pregnancies – funds reprioritised – not achieved</li> <li>- Improved care of women during labour with management of complications - funds reprioritised – not achieved.</li> <li>- Number of patients screened and treated for mental health problems - contract for contracting of providers finalised in quarter 4 but subsequently cancelled –not achieved.</li> <li>- Percentage reduction in the backlog of forensic mental observations - contract for contracting of providers finalised in quarter 4 but subsequently cancelled –not achieved.</li> <li>- Number of learners who have been referred by school health services for further assessment and management to audiologists, optometrists, speech therapists and others – funds reprioritised – not achieved</li> <li>- Number of learners equipped with required assistive devices through school health services - funds reprioritised – not achieved</li> <li>- Percentage reduction in radiation oncology backlog - contract for contracting of providers finalised in quarter 4 but subsequently cancelled –not achieved</li> <li>- Number of Human Papillomavirus Vaccine (HPV) DNA tests rendered – SLA with NHLS only concluded during last quarter – not achieved</li> <li>- Number of patients confirmed to have cervical cancer screened by HPV DNA - SLA with NHLS only concluded during last quarter – not achieved</li> </ul>
Amount per amended DORA(R'000)	891,500
Amount received (R'000)	891,500
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	588,812
Reasons for deviations on performance	<p>The budget for NHI Personal Services component was reprioritised for stimulus package and two grants were created namely; Beds and Linen component and Human Resources Capitation Grant. The decision was made to ensure acceleration of the NHI implementation. .</p> <p>The underspending is due to cancellation of contracts during quarter four. The expenditure is related to reimbursement of provinces for costs related to oncology services provided.</p> <p>The slight underspending on HP Contracting is due to late submission of invoices by provinces</p>
Measures taken to improve performance	Activities moved to 2019/20 financial year business plan however the activities are only focused on oncology, mental health and capitation implementation. Eastern Cape used a different model of contracting which is sessional doctors and Limpopo also used a different model where they focused on surgical backlogs.
Monitoring mechanism by the receiving department	Monthly and quarterly reviews were conducted and quarterly reports were submitted. Monthly meetings will be held to monitor the implementation of the business plan in the next financial year.

**National Health Insurance Grant: Health Facility Revitalisation Component**

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To create an alternative track to improve spending, performance, and monitoring and evaluation on infrastructure in National Health Insurance (NHI) pilot districts</li> <li>- To enhance capacity and capability to deliver infrastructure for NHI</li> <li>- To accelerate the fulfilment of Occupational Health and Safety</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 8 new facilities completed</li> <li>- 40 facilities maintained</li> <li>- 4 facilities upgraded and additions/ renovated and refurbished</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 2 new facilities completed</li> <li>- 97 facilities maintained</li> <li>- 0 (completed) facilities upgraded and additions/ renovated and refurbished</li> </ul>
Amount per amended DORA(R'000)	836,359
Amount received (R'000)	836,359
Reasons if amount as per DORA was not received	NA
Amount spent by the department (R'000)	706,241
Reasons for deviations on performance	Health Technology Equipment to be purchased for Limpopo Academic Hospital was committed and will be treated as a rollover.
Measures taken to improve performance	Revived provincial infrastructure monitoring teams
Monitoring mechanism by the receiving department	Project Management Information System

**Comprehensive HIV/AIDS & TB COS Grant: Community Outreach Services Component**

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> <li>- To ensure provision of quality community outreach services through Ward Based Primary Health Care Outreach Teams (WBPHCOTs)</li> <li>- To improve efficiencies of the WBPHCOT programme by harmonising and standardising services and strengthening performance monitoring</li> </ul>
Expected outputs of the grant	<ul style="list-style-type: none"> <li>- 2000 functional WBPHCOTs</li> <li>- 45 270 CHWs receiving stipends</li> <li>- 2 000 Outreach Team Leaders (OTLs) employed</li> <li>- 1 550 TB defaulters traced</li> <li>- 70 500 HIV defaulters traced</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- 2855 functional WBPHCOTs</li> <li>- 46328 CHWs receiving stipends</li> <li>- 1154 Outreach Team Leaders (OTLs) employed</li> <li>- 12514 TB defaulters traced</li> <li>- 40422 HIV defaulters traced</li> </ul>
Amount per amended DORA(R'000)	1 500 000
Amount received (R'000)	1 500 000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	1 500 000
Reasons for deviations on performance	TB and HIV defaulter tracing indicators were introduced in 2017/18 financial year. Lack of use of standardised data collection tools a non-inclusion of monthly data in the routine reporting system resulting in poor reporting on these indicators. The COS allocation was earmarked for CHW remuneration only. OTLs could not be recruited through this grant and the 1154 reported above were recruited through Equitable Share.
Measures taken to improve performance	Data collection tools for TB and HIV defaulter tracing were developed and shared with the Provinces. These will be used in the 2019/20 financial year.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> <li>- Conducted monitoring and support visits twice a year, during the first quarter and third quarters of the financial year. The main was to track performance on deliverables and made recommendations where needed.</li> </ul>

## 2.7 Donor Funds

Name of donor	Centre for Disease Prevention and Control (United States)
Full amount of the funding (R'000)	312 294
Period of the commitment	12 months
Purpose of the funding	Strengthen the capacity of National Department of Health to scale up PHC services to improve the management of HIV/AIDS services.
Expected outputs	<p><b>Training workshop for :</b></p> <ul style="list-style-type: none"> <li>- TB MDR Programme</li> <li>- Paediatric HIV and AIDS</li> <li>- Prevention of Mother to Child Transmission</li> <li>- HIV Prevention Services</li> </ul> <p><b>Procurement of:</b></p> <ul style="list-style-type: none"> <li>- 2000 timers for quality control of HIV rapid testing at facilities</li> <li>- printing and distribution of 10 000 copies of HRT(HIV Rapid Testing) Training manuals and 5000 manual for facilitators</li> <li>- Printing and distribution of 5000 copies of condom training manuals</li> <li>- Develop, print and disseminate package of care tools for guiding care and management of adolescents</li> <li>- Printing and distribution of 3000 RTHB Health Promotion messages</li> <li>- Support for the Central Chronic Medicines Dispensing and Distribution programme - Packaging and distribution of chronic medication to Public sector patients</li> </ul>
Actual outputs achieved	<ol style="list-style-type: none"> <li>1. PMTCT conducted 4 provincial mid-term review/stock taking workshops based on poorly performing high priority districts. The workshops at strengthening the health system to improve maternal, neonatal, PMTCT and Sexual and reproductive health services.</li> <li>2. Paediatric HIV care and Management: <ul style="list-style-type: none"> <li>- Orientation workshops on the updated IMCI chart booklet and the guide for the Management of Children and Adolescents on ART. The workshops were conducted for all the provinces.</li> <li>- Printed and distributed 300 Road-to-health booklets health promotion messages</li> <li>- Conducted 2 national workshops on Emergency Triage, Assessment and Treatment for clinicians. The workshops and focusing on most causes of death in HIV-infected children.</li> </ul> </li> <li>3. TB/HIV Management <ul style="list-style-type: none"> <li>- Held 2 National Drug Resistance TB Clinical Advisory Committee meeting. This was in support for the National strategic Plan to improve Drug TB management at facility level</li> <li>- Conduct X9 provincial training workshops to support implementation of short course regimen on Management of M(X) DR TB</li> </ul> </li> <li>4. HIV Prevention Services <ul style="list-style-type: none"> <li>- Procurement and distributed 2000 timers to health facilities for rapid HIV testing quality assurance</li> <li>- Conducted x 9 provincial Rapid Test Quality Continuous Improvement (RTQCI) and 9 Provincial Orientation and dissemination of HIVSS guideline Trainings</li> <li>- Convened x 1 consultative meetings for HTS campaign and X 1 National Condom Programme meeting for 45 participants for 90 participants</li> <li>- Printed and distributed 10 000 copies of HRT(HIV Rapid Testing) Training manuals for participants and 5 000 copies for facilitators</li> <li>- Printed and distributed 5000 copies of condom training manuals for participants</li> </ul> </li> </ol>
Amount received (R'000)	266 396
Amount spent by the department (R'000)	50 497
Reasons for the funds unspent	<p>CCMDD programme accounts for 74% of the total budget allocations, This programme only spent over R14 million (6% of its total allocations). About R58,8 million was committed by end of the financial year; however it is not yet spent.</p> <p>Underspending is also partly attributable ongoing and prolonged labour protests and slow progress with regard to sourcing of quotations</p>
Monitoring mechanism by the donor	<ul style="list-style-type: none"> <li>- Quarterly Activity Dashboard review</li> <li>- Monthly Budget vs Expenditure reports to CDC-SA</li> <li>- Semi-annual report in preparation for funding application</li> <li>- Annual report sent to CDC HQ</li> </ul>



Name of donor	Global Fund - New Funding Model
Full amount of the 3 year funding period (R'000)	1 763 664
Period of the commitment	April 2018 - March 2019
Purpose of the funding	Investing for impact against TB and HIV
Expected outputs	<ul style="list-style-type: none"> <li>- Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment, 90%.</li> <li>- Percentage of inmates provided with a comprehensive TB/HIV and STIs prevention package in Correctional Centres, 58.70%.</li> <li>- Percentage of inmates diagnosed with TB and started on TB treatment in Correctional Centre, 90%.</li> <li>- Percentage of clients provided with a comprehensive TB/HIV and STIs prevention package in Peri-Mining communities, 16.60%.</li> <li>- Percentage of community members diagnosed with TB and referred for TB treatment in 6 Peri-Mining areas, 90%.</li> <li>- Percentage of clients provided with a comprehensive TB/HIV and STIs prevention package in Informal Settlements 10.20%.</li> <li>- Percentage of community members referred for TB diagnosis and started on TB treatment in informal settlements, 90%</li> <li>- Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment, 17 087.</li> <li>- Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV, 70.20%.</li> </ul>
Actual outputs achieved	<ul style="list-style-type: none"> <li>- Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment, 85.17%.</li> <li>- Percentage of inmates provided with a comprehensive TB/HIV and STIs prevention package in Correctional Centres, 89.75%.</li> <li>- Percentage of inmates diagnosed with TB and started on TB treatment in Correctional Centre, 95.53%.</li> <li>- Percentage of clients provided with a comprehensive TB/HIV and STIs prevention package in Peri-Mining communities, 17.10%.</li> <li>- Percentage of community members diagnosed with TB and referred for TB treatment in 6 Peri-Mining areas, 98.25%.</li> <li>- Percentage of clients provided with a comprehensive TB/HIV and STIs prevention package in Informal Settlements, 12.43%.</li> <li>- Percentage of community members referred for TB diagnosis and started on TB treatment in informal settlements, 91.22%.</li> <li>- Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment, 9478.</li> <li>- Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV, 64.16%.</li> </ul>
Amount received (R'000)	656 504
Amount spent by the department (R'000)	656 503
Reasons for the funds unspent	The grant has spent 100% of the allocated
Monitoring mechanism by the donor	<p>The National Department of Health as the Principal Recipient of the Global Fund grant conducts the following activities to monitor the implementation and performance of funded programmes:</p> <ul style="list-style-type: none"> <li>- Conduct on-site verification visits per quarter to ensure compliance with the Global Fund guidelines.</li> <li>- Conduct support visits to grant implementers to ensure proper implementation of the approved project activities.</li> <li>- Conduct data review meetings to verify the accuracy of the data reported.</li> <li>- Quarterly workshops and meetings with sub-recipient for programme management.</li> <li>- Conduct quarterly meetings and participate in country's portfolio review meetings.</li> <li>- Six monthly internal audits and annual external audits.</li> </ul> <p>The Global Fund Country Team conducts regular country visits which include site visits to implementing facilities. The NDoH submits reports which are verified by the Local Funding Agent (LFA) prior submission to Global Fund on six monthly basis. The NDoH also submits quarterly reports to South African National AIDS Council which serves as Country Coordinating Mechanism (CCM) for Global Fund grants in the country. The Global Fund also conducts spot checks as part of quality checks through the LFA. The Global Fund commissions audit through the Office of the Inspector-General (OIG) as part of weighing Global Fund's investments and identifying risks.</p>

Name of donor	European Union
Full amount of the funding (R'000)	1 371 438
Period of the commitment	2012-2019
Purpose of the funding	Support the re-engineering strategy
Expected outputs	<ul style="list-style-type: none"> <li>– Increased access to PHC services</li> <li>– Improved quality of PHC services</li> <li>– Improved capacity of management of primary health care</li> <li>– Accelerated implementation of the National Plan on HIV/AIDS and TB</li> <li>– Improved maternal and child health</li> </ul>
Actual outputs achieved	Multiple results have been achieved. There are 10 key indicators that track overall progress and each of the 20 components has its own set of indicators
Amount received (R'000)	44 700 (2018-2019)
Amount spent by the department (R'000)	40 080 (2018-2019)
Monitoring mechanism by the donor	Quarterly meetings; tracking agreed set of 10 indicators

Name of donor	Kreditanstalt für Wiederaufbau (KfW)
Full amount (R'000)	13 570
Period of the commitment	October 2016 – September 2019
Purpose of the funding	To implement high yield, community-based HIV counselling and testing services in five (5) districts of Eastern Cape and Mpumalanga Provinces
Expected outputs	<ul style="list-style-type: none"> <li>– Identify people living with HIV (PLHIV) and TB to effectively link them into HIV and TB care and treatment programmes</li> <li>– Identify HIV negative individuals at risk of HIV infection and to effectively link them into evidence-based HIV prevention programmes.</li> <li>– Improve use of HCT services offered by non-governmental organizations (NGOs) by vulnerable population segments in the target districts</li> <li>– Decrease risk tolerance towards HIV among youth aged 15 -24 years through changes in sexual behaviour</li> </ul>
Actual outputs achieved	At the end of March 2019, the following was achieved:- <ul style="list-style-type: none"> <li>– 695 793 individuals tested for HIV (target :700000)</li> <li>– 31 723 individuals tested HIV positive (target 56 000)</li> <li>– 23 964 HIV positive individuals linked to treatment and care (target 31 723)</li> <li>– 688 835 individuals screened for TB (target 695 793)</li> </ul>
Amount received (R'000)	13 570
Amount spent by the department (R'000)	5 117
Reasons for the funds unspent	<ul style="list-style-type: none"> <li>– Supply chain delays in processing of FPD invoices payments due to the pro-longed labour unrest at the NDoH.</li> <li>– challenges with regard to the management of the RDP Account.</li> </ul>
Monitoring mechanism by the donor	The Prime Implementer submits both financial and programme implementation progress updates on quarterly basis to the Donor. The PI and Donor agreed on performance indicators which are used to monitor deliverables per project objective.

## 2.8 Capital Investment

### Capital investment, maintenance and asset management plan

Infrastructure projects	2018/2019			2017/2018		
	Final appropriation (R'000)*	Actual expenditure (R'000)*	(Over)/under expenditure (R'000)	Final appropriation (R'000)*	Actual expenditure (R'000)*	(Over)/under expenditure (R'000)
New and replacement assets	230 750	253 485	(22 735)	297 541	256 775	40 766
Existing infrastructure assets	0	0	0	0	0	0
Upgrades and additions	42 800	81 639	(38 839)	72 642	53 170	19 472
Rehabilitation, renovations and refurbishments	8 468	8 204	264	71 377	68 600	2 777
Maintenance and repairs	268 844	277 666	(8 822)	154 129	194 131	( 40 002)
Infrastructure transfer	0	0	0	0	0	0
Current (Goods and Services)**	146 400	79 517	66 883	86 860	99 444	(12 584)
Capital (Buildings and other fixed structures)**	563 073	591 035	(27 692)	595 688	572 675	23 013
Machinery and Equipment	126 886	35 689	91 197	14 534	14 534	0
<b>Total</b>	<b>836 359</b>	<b>706 241</b>	<b>130 118</b>	<b>697 082</b>	<b>686 653</b>	<b>10 429</b>

Expenditure amounts are as reflected on the Project management information system which does not balance exactly with BAS

\*\* At the time of report the finance department had not yet finalised certain transactions between capital and current and the figures as thus subject to change.



# GOVERNANCE

## PART C

### 3.1 Introduction

The objective of governance at the Department of Health is to ensure accountability, transparency, responsiveness and empowerment, amongst others in the provision of Health care. The department has oversight structures such as the Audit and Risk Committee, as well as various governance and assurance structures which play a key role in ensuring delivery on its mandate and services as planned. The Department of Health is committed to continuously improve its services and to this end risks are identified and managed, internal and external audits are conducted and ethical behaviour encouraged.

An Internal Audit Function has been established and its objective in the Department is to provide an effective, independent objective assurance and consulting activity designed to add value and improve the Department's operations. It achieves this by evaluating and improving the effectiveness of risk management, control and governance processes in the Department.

The Internal Audit Activity was functional throughout the financial year under review and operated in line with its approved Internal Audit Charter based on the Treasury Regulation 3.2 and the Standards for the Professional Practice of Internal Auditing. The scope of the Internal Audit's work was derived from the Risk-Based Three Year Strategic and Annual Operational Plans approved by the Audit and Risk Committee for the 2018/2019 financial year.

### 3.2 Risk Management

The Department recognizes that risk management is a valuable management tool which improves and assists management in minimizing any negative impacts and optimizing opportunities emanating from its environment. The Risk Management Framework (Strategy, Policy, Risk Assessment and Implementation Plan) was discussed and approved by the Audit and Risk Committee and the Director-General during 2018/19 financial year. The Strategic and Operational Risk Registers were developed by management and aligned to the Annual Performance Plan for 2018/19. The Risk Management unit monitors the action plans to address the risks contained in the registers, which are reported to the Audit and Risk Committee quarterly.

The Department of Planning, Monitoring and Evaluation (DPME) assessed the Departmental Risk Management process through the Monitoring Performance Assessment Tool (MPAT) and scored the department at Level 4. The meaning of level 4 in terms of DPME is that, the "department is fully compliant with legal/regulatory requirements and is doing things smartly". However, the assurers i.e. AGSA and Internal Audit have identified on how management manages the risks.

### 3.3 Fraud and Corruption

The Department has an approved Fraud Prevention Plan and has executed the Plan. The Fraud Prevention Plan includes the 'Whistle Blowing' Policy Statement. The Department subscribes to the National Anti-Corruption (NAC) Hot-Line housed at the Office of Public Service Commission. In 2018/19 financial year, a total of 200

external cases from the potential service providers (fraudulent orders) were received. The Department, in all those cases, advised potential service providers to report the cases with the South African Police Services (SAPS). Cases reported to the Department directly by employees and members of the public are also investigated accordingly. Once the investigations are concluded, some cases are referred for disciplinary process whilst cases that are criminal in nature, are handed over to the SAPS.

### 3.4 Minimising Conflicts of Interest

The Department adopted the Code of Conduct prescribed by the Department of Public Service and Administration for minimising conflicts of interest. This is enforced by the policies established and adopted by the Department with regard to risk management, risk control and fraud prevention.

Senior managers and other stakeholders are required in terms of the policy to disclose any conflict of interest inherent in doing business with the Department. In 2018/19, all those who participated in bid evaluation committees completed the disclosure forms. All appointed fully completed secrecy forms and declared their non-interests in the bids being evaluation.

In 2018/19 financial year, more than 120 senior managers completed the online eDisclosure of the DPISA. Furthermore, in 2018/19, more than 280 Deputy Directors and less than 110 employees within the office of chief financial officer, officer of Director General and office of the Minister completed financial interest disclosure through online eDisclosure system. Disciplinary action was taken against those who did not disclose their financial interest as prescribed by Public Service Regulations of 2016.

### 3.5 Code of Conduct

The Department applies the disciplinary code and procedure for the public service. This is applicable to all employees. In addition, the Senior Management Service's (SMS) hand-book is used for SMS members. New employees attend an orientation and induction course which covers the Public Service's code of conduct and disciplinary procedures. In the event of a breach of the code of conduct, disciplinary procedures are followed as prescribed. All SCM officials and other role-players in SCM, such as appointed bid adjudication committee members, have signed the National Treasury's code of conduct in line with Treasury Regulations 16A.8.2 and the National Treasury Practice Note on Code of Conduct for Bid Committees.

### 3.6 Health, Safety and Environmental Issues

Occupational Health and Safety (OHS) issues are pertinent to the health and wellbeing of employees. Occupational, health and safety activities undertaken in 2018/19 financial year included an intensive inspection of the Civitas building by the Department of Labour. Recommendations from the Department of Labour are being implemented to ensure compliance with the Health and Safety Act. The recommendations include among

others, medical assessment of all employees as required by the Act. Consent forms have been developed and consulted with organised labour. The medical assessment will commence in the next financial year. The Department continues to be reliant on the services of the Department of Public Works with regard to ensuring appropriate maintenance for the building. Projected completion dates on maintenance activities have been delayed from the side of the contractors and Public Works Department for different reasons.

The Occupational Clinic is part of the Health and Wellness Programme, however it requires an Occupational Health Nurse who will manage and provide services to employees. The Occupational Clinic is currently operating as a First Aid Room, with an enrolled nurse providing the necessary services. The completed injury on duty forms are processed by the Wellness or Employment Relations section and thereafter submitted to the Department of Labour.

### 3.7 Meetings of the Portfolio Committees

Date of the meeting	Brief of the meeting agenda/topic	Matters raised by the committee and how they were attended to by the Department
<b>PORTFOLIO COMMITTEE ON HEALTH</b>		
17 April 2018	Briefing by the SA Health Products Regulatory Authority (SAHPRA) on its Annual Performance Plan (APP) and Budget	The Committee raised the issue of human resources at SAHPRA and the budget related to that as to be transferred from the National Department of Health. The Department indicated that about 209 staff members will be transferred from National Department of Health to SAHPRA. With regard to the budget, SAHPRA will generate its funds from application and retention fees whilst some funds will also be transferred from the National Department of Health.
17 April 2018	Analysis of the Department of Health's Annual Performance Plan (APP), Budget and Performance Outcomes, by the Auditor General South Africa, Financial Fiscal Commission and the Department of Planning Monitoring and Evaluation	The Committee raised concerns about the reduction of 37 indicators across programmes, and how the Department would achieve the NHI. Other issues raised included spending on employee's compensation, utilisation of consultants by the Department given Government's principle of discourage this; vacant positions in key areas; and infrastructure, among others. The Department attended this meeting as an observer.
18 April 2018	Briefing by the NHLS on its Strategic Plan 2018-20 and APP 2018-19	The NHLS briefed the Committee on the two topics. The Department of Health was invited to observe the discussion.
18 April 2018	Briefing by the Office of Health Standards Compliance (OHSC) on its 2018/19 Annual Performance Plan (APP)	The OHSC briefed the Committee on its APP. The Department attended as an observer.
19 April 2018	Briefing by the National Department of Health on its Annual Performance Plan (APP)	The Committee raised concerns about conditions of healthcare centres especially mental healthcare facilities in Provinces, which they linked to the Life Esidimeni situation. The Committee urged the Department to intervene. The Committee was also concerned about the oncology situation in KZN and the Department's plan to deal with Listeriosis. The Department responded to issues of mental health, and recommended that the Committee calls Provinces to present their own performance plans.
19 April 2018	Briefing by the CCOD on its Annual Performance Plan (APP)	The CCOD briefed the Committee on its APP for 2018/19. The National Department of Health was invited and attended to observe.
25 April 2018	Briefing on the Department's Budget	The Committee raised the inconsistencies between budget committee report and the Department's APP on NHI. The Committee also noted a contradiction of the report by the Department for Planning, Monitoring and Evaluation (DPME). The contradiction was removed.
02 May 2018	Briefing on the Choice on Termination of Pregnancy Amendment Bill (Private Member's Bill as proposed by Ms Dudley of the ACDP)	The Committee decided to put the matter on hold pending the investigation into the constitutionality of proposed amendments.
02 May 2018	Further processing of the National Public Health Institute of South Africa Bill	The Committee deliberated on the Bill and proposed a few amendments. The Committee further directed the parliamentary legal services to investigate the Bill's compliance with other laws and its constitutionality
09 May 2018	Follow-up deliberation on the Choice on Termination of Pregnancy Amendment Bill	The Committee rejected the Bill on the basis that it is impractical and would result in serious financial burden to the State
23 May 2018	Further deliberation on the National Public Health Institute of South Africa Bill	The Committee made amendments to incorporate environmental health, and added other clauses on the board and issues related to the board.
30 May 2018	Finalisation of the National Public Health Institute of South Africa Bill	The Committee discussed the Bill clause by clause, made final amendments and passed it.
05 June 2018	Briefing by the Office of Health Standards Compliance (OHSC) on inspections done in the 2017/18 Financial Year and remedial actions to be implemented	The Committee was briefed by the OHSC as per the invitation. The Department was invited to be part of the meeting, on an observer basis.
06-13 June 2018	Briefing by Provinces on the status of health services in the respective provinces	The Portfolio Committee called on all the Provinces to brief it on the status of health services in the Provinces. The Committee focused on issues of access to healthcare services; quality of care; equipment; pharmaceuticals; infrastructure; human resources; leadership and governance; financial management; referral systems; etc. The Departmental officials attended these proceedings.

Date of the meeting	Brief of the meeting agenda/topic	Matters raised by the committee and how they were attended to by the Department
14-17 August 2018	Oversight visit by the Committee to KwaZulu Natal to assess health care delivery in the Province, and progress on NHI Piloting	The Committee visited NHI Pilot Sites and some other PHC facilities to see progress on the implementation of the NHI, in the context of GP contracting, Infrastructure, human resources, etc.
29 August 2018	Briefing on the Department of Health's First Quarter Performance	The Committee requested explanation on the NHI plan. The Committee further raised concerns on training and monitoring of clinic committees, provision of more resources to Primary Health Care facilities, health education in schools in order to reduce teenage pregnancies, shortage of staff in health facilities, progress in revitalising and refurbishing health facilities and delays in procurement of medical equipment.
12 September 2018	Briefing on the North West Department of Health status report following the Province being placed under Section 100	The Committee raised concerns about the outsourcing of EMS to Buthelezi Ambulance Services by the North West Department of Health. The Committee also raised among others issues relating to high maternal mortality rates, child mortality caused by diarrhoea, shortage of staff and skills training for staff members.
10 October 2018	Briefing by the SAMRC on its 2017/18 Annual Report	The SAMRC briefed the Committee about its Annual Report 2017/18. The Department attended as observer.
17 October 2018	Briefing on the Department of Health's 2017/18 Annual Report.	The Committee raised a number of concerns, among them the Department's irregular expenditure and the unqualified audit for seven consecutive years a great concern to members. The Committee further raised issues raised by the Auditor General regarding compliance
17 October 2018	Briefing on the CCOD's 2017/18 Annual Report	The CCOD briefed the Committee on its Annual Report as indicated. The Committee raised concerns about the continued delays in submitting Annual Reports to Parliament in accordance with the PFMA.
13 November 2018	Continuation and conclusion of the deliberations on the Department's Annual Report 2017/18	The purpose of this meeting was to conclude the discussion that took place on 17 October 2018.
21 November 2018	Briefing by the Department, on the reflections on the recommendations of the High Level Panel on Health	The Minister briefed the Committee and highlighted amongst others that Parliament should support the NHI, and that there is a need for a national patient information system in the public and private health sectors; the institutionalisation of the ward-based outreach teams to improve primary health care; the re-evaluation of the solvency requirements for medical schemes to increase their efficiency and reduce member fees; the improvement of the quality of care through reforming the health system; and the need for legislation to introduce a certificate of need for newly certified health professionals and regulation of pharmacy licences.
13 February 2019	Consideration of the NCOP Amendments on the NHLS Amendment Bill	The Committee met to consider the amendments proposed by the NCOP on the NHLS Bill. The Committee accepted the NCOP amendments and adopted the Bill for consideration by the National Assembly House.
06 March 2019	Briefing by the CCOD on its 2012/13 and 2013/14 Annual Reports	The CCOD briefed the Committee on the two annual reports. The Department of Health was invited to participate as observer.
13 March 2019	Consideration of the NCOP Amendments on the NAPHISA Bill	The Committee met to consider the amendments proposed by the NCOP on the NAPHISA Bill. The Committee accepted the NCOP amendments and adopted the Bill for consideration by the National Assembly House.
<b>SELECT COMMITTEE ON SOCIAL SERVICES</b>		
15 May 2018	Briefing by the Minister, on the Department's APP and Budget, overview of Health and future plans	The Minister's presentation focused on four critical challenges of Human Resources, Financial Management, Procurement and Maintenance of Infrastructure and Equipment. The Minister further urged the Committee to invite Premiers as the responsibility for implementation of health programmes lies with Provinces. The Committee accepted and endorsed the Minister's request of inviting Premiers to Parliament.
12 June 2018	Briefing on the NHLS Bill	The Department briefed the Committee on the Bill. The Committee accepted the briefing and embarked on the further due legislation processes that would unfold, and that the Department would be part and parcel of such processes going forward.
30 July to 03 August 2018	Oversight and monitoring visit by the Select Committee on Education and Recreation and Social Services	The Select Committees on Education and Recreation, and Social Services, jointly embarked on an oversight and monitoring visit to the Free State Province. The Department was invited to be part of this visit, and did accompany the Joint Committee.
09 October 2018	Negotiating Mandates on the National Health Laboratory Services Amendment Bill	The Committee discussed the mandates received from Provinces, on the Bill.
23 October 2018	Finalisation of the NHLS Amendment Bill and Briefing on the National Public Health Institute of South Africa	The Committee raised issues relating to the NAPHISA Board as they relate to the representation of Provinces on the Board.

Date of the meeting	Brief of the meeting agenda/topic	Matters raised by the committee and how they were attended to by the Department
06 November 2018	Presentation by SAHPRA on progress report of the entity	The purpose of the meeting was for SAHPRA to brief the Committee on progress on its work. The Department of Health attended the meeting as an observer
06 November 2018	Presentation by the National Department of Health, on the Department's 2017/18 Annual Report	The Director General presented the overall annual performance. The Department achieved unqualified audit opinion for financial year under review
05 December 2018	Briefing on the Nursing Colleges, curriculum and collaboration with the Department of Higher Education and Training	The Committee raised the need for the nursing profession to be prioritised and wellbeing of nurses to be attended to. The Committee undertook to meeting with Provincial heads and District health facilities to establish training needs for each province.
26 February 2019	Discussion on the Final Mandates on the National Public Health Institute of South Africa Bill	The Committee noted the report on earlier processes that included advertisement for public comments, publishing of the Bill, and the public hearings exercise. Final mandates were read out and to be finalised when the report is adopted and the Bill passed.
13 March 2019	Finalisation of the National Public Health Institute Bill	The Committee requested NAPHISA Bill functions to be extended to support monitoring of communities at risk of environmental health hazards exposure and that the Bill should support provinces and local authorities with regards to responses to injuries sustained, surveillance and outbreaks of diseases. The Committee considered and adopted the Bill.
<b>AD HOC COMMITTEE ON THE INQUIRY INTO THE INTERVENTION IN THE NORTH WEST PROVINCIAL GOVERNMENT</b>		
13 June 2018	The Department of Health was invited to brief the Committee on its work in the intervention	The Department presented progress on the intervention work that was led by the Minister in the Presidency – Planning, Monitoring and Evaluation. The Department's briefing focused on the situational analysis; the action plans on key areas such as human resources, labour relations, finance and supply chain, pharmaceuticals, hospital services, PHC, EMS, and leadership and governance.
27 June 2018	The North West Province, through the Office of the Premier, tasked the MEC for Health to brief the Committee on the implications of Section 100, to include among others, institutional governance matters; cooperative governance; financial management; internal control and service delivery; organisational capacity; and stakeholder management and community participation	The Premier's Office led the provincial team that included the MEC for Health. The Administrator from the National Department of Health was also part of the team, as well as the relevant officials from the National Department of Health.  The Committee raised concerns on the issues listed in the agenda, and the slow pace at which things were moving. The Committee resolved that regular meetings would be convened where the Province will be expected to provide progress on work done.
<b>STANDING COMMITTEE ON APPROPRIATIONS</b>		
13-17 August 2018	The Standing Committee on Appropriations conducted an oversight visit to the Free State and invited the Department to accompany it on this exercise	The Department accompanied the Committee on the oversight visit to the Free State. The Committee mandated the Department to follow up on issues that related to health, on availability of medicines, shortage of nurses and doctors in facilities, electricity and water, as well as emergency medical services among others.
04 September 2018	The Standing Committee on Appropriations invited the Department to the discussion on Infrastructure refurbishment and maintenance at the Bloemfontein 3 Military Hospital	This exercise followed the oversight visit that the Committee took to the Free State on 13-17 August 2018. It was from this visit that during its visit to the Bloemfontein 3 Military Hospital, the Committee learnt that the Department of Defence and Military Veterans and the Department of Health cited challenges related to maintenance of infrastructure, attributed to challenges with the Department of Public Works in fulfilling its mandate in this regard. The Committee therefore resolved to convene a meeting with all affected stakeholders as a matter of urgency. The meeting looked at issues including Service Level Agreements; progress on challenges highlighted and remedial actions; asset management; budget and spending performance, etc.
<b>SOUTH AFRICA-EUROPEAN UNION (SA-EU) INTER-PARLIAMENTARY MEETING (IPM)</b>		
24 October 2018	The SA-EU IPM workshop was convened by an Ad Hoc Committee on this, to brief the South African delegation on the SA-EU IPM that was planned for 31 October to 01 November 2018. The purpose of the SA-EU meeting was for South Africa and the EU to discuss issues of common interest and to share lessons with each other	The Department was invited to participate in this workshop and the meeting. Officials were delegated to attend on behalf of the Department.

### 3.8 Standing Committee on Public Accounts (SCOPA) Resolutions

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
None	Not applicable	Not applicable	Not applicable	Not applicable

### 3.9 Prior modifications to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
None	Not applicable	Not applicable

### 3.10 Meetings of the Audit and Risk Committee

The Department's Audit Committee is appointed in terms of section 38 (1) (a) (ii) of the Public Finance Management Act, 1999 (Act 1 of 1999) and Treasury Regulations, which is called "Audit and Risk Committee" (ARC). The ARC discharged its role and responsibilities in line with its Charter. The performance of the ARC was assessed by the Department of Performance Monitoring and Evaluation through its Monitoring Performance Assessment Tool (MPAT) and was found to be fully compliant with legal/regulatory requirements and is doing things smartly.

### Composition and Meetings of the Audit and Risk Committee

The Committee is made up of the following members, the majority of whom are independent and financially competent. The Audit and Risk Committee convened 5 meetings, out of which 2 were Ordinary and 3 were Special. The 3 Special Audit and Risk Committee meetings dealt with, amongst others; the Annual Financial Statements, External Audit Reports, Annual Performance Plan and Annual Report.

Name	Qualifications	Designation	Date appointed	End of term	Number of meetings attended
<b>Ms PMK Mvulane</b>	<ul style="list-style-type: none"> <li>- Chartered Accountant (SA),</li> <li>- Registered Auditor,</li> <li>- Diploma in Auditing,</li> <li>- Bachelor of Commerce in Accounting,</li> <li>- Bachelor of Commerce in Accounting (Honours),</li> </ul>	Chairperson Non-Executive Member	15/06/2012	14/06/2020	05
<b>Mr SM Radebe</b>	<ul style="list-style-type: none"> <li>- Chartered Accountants (SA),</li> <li>- Post Graduate Diploma in Accounting,</li> <li>- Bachelor of Commerce (Honours),</li> <li>- Bachelor of Commerce (B Com).</li> </ul>	Non-Executive Member	01/05/2016	30/04/2019	04
<b>Ms GZ Nkosi</b>	<ul style="list-style-type: none"> <li>- Chartered Accountants (SA)</li> <li>- Bachelor of Commerce in Accounting,</li> <li>- Bachelor of Commerce in Accounting (Honours).</li> </ul>	Non-Executive Member	01/05/2016	30/04/2019	05
<b>Mr C de Kock</b>	<ul style="list-style-type: none"> <li>- Professional Accountant (SAIPA)</li> <li>- Masters Business Degree in Auditing</li> <li>- Bachelor of Commerce Accounting,</li> <li>- Bachelor of Commerce Accounting (Honours).</li> <li>- Certified Information Systems Auditor (CISA)</li> <li>- Global certification</li> <li>- Certified Internal Auditor (CIA) – Global certification</li> </ul>	Non-Executive Member	25/05/2018	24/05/2021	04

### 3.11 Audit and Risk Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2019, in accordance with the Public Finance Management Act, 1999 (Act 1 of 1999) and Treasury regulations 3.1.9 to 3.1.13 as revised.

#### Audit and Risk Committee Responsibility

The Department's Audit Committee is appointed in terms of section 38 (1) (a) (ii) of the Public Finance Management Act, 1999 (Act 1 of 1999) and Treasury Regulations 3.1.1 to 3.1.8 as revised. The Audit Committee is operated in accordance with the aforementioned regulations as well as the provisions prescribed in terms of sections 76 (4) (d) and 77 of the Public Finance Management Act and its approved Charter. In the Department, the Audit Committee is referred to as Audit and Risk Committee because it also provides oversight on Risk Management Activities.

The primary purpose of the Audit and Risk Committee is to assist the Accounting Officer of the Department in fulfilling her responsibilities to ensure that the Department has and maintains effective, efficient and transparent systems of financial, risk management, governance, and internal control by providing oversight, amongst others, on the following:

- (i) financial reporting, systems of internal control and Internal Audit;
- (ii) reporting of performance against pre-determined objectives;
- (iii) the independence of the Internal Audit Activity (IAA);
- (iv) ethics management in the department;
- (v) review of the risk management framework, strategy, policies and plans including for fraud and corruption;
- (vi) strategic and operational risk areas of the Department, to be covered in the scope of Internal and External audits;
- (vii) the proper functioning of both the Internal and External Audit functions, and other assurance Services;
- (viii) monitoring of compliance with Laws and Regulations and the Code of Conduct



The Audit and Risk Committee was fully functional and comprised 4 members (external to the Department) as at 31 March 2019.

### Effectiveness of Internal Controls

Internal Control is a cost effective process effected by the Senior Management of the Department, designed to provide reasonable assurance regarding the achievement of its objectives in categories of effectiveness and efficiency of operations, financial reporting, compliance to applicable Laws and Regulations as well as Policies and Procedures..

From the various reports of the Internal Auditors, the Audit Report on the Annual Financial Statements and the Management Letter of the Auditor-General South Africa, controls were adequate and effective, however, there are some recurring deficiencies from prior years that were noted. NDOH Management has assured the Audit and Risk Committee that those control deficiencies will be addressed through detailed actions plans. Matters of serious concern to the Committee regarding internal controls deficiencies are as follows:

- Management of Infrastructure Projects;
- Delayed implementation of management action plans to improve internal controls and performance, as well as the effectiveness of consequence management.

The Committee noted management's action plans in addressing identified control weaknesses and is satisfied with the achievements reported during the year.

The result of Internal Audit's review of Internal Controls is as follows:

- Findings with Management action plans completed were 51.8%;
- In progress were 14.6% and
- Those not yet attended to were 33.6%.

In light of the above, we report that the system of internal control for the period under review is considered to have been generally effective.

### Internal Audit

The Audit and Risk Committee reviewed and approved the IAA's risk-based three-year rolling and operational plans for 2018/19. Internal Audit was guided by the consolidated risk profile of the department, critical audit areas and management's inputs in the formulation of its three-year strategic and annual plans. The Audit and Risk Committee also monitored performance of Internal Audit Unit against its approved operational plan on a quarterly basis.

We are satisfied that the IAA is operating effectively and that it has addressed the risks pertinent to the Department in its audits. We have met with the IAA during the year to ensure that the function is executed effectively and objectively. We are satisfied with the content and quality of quarterly reports prepared and issued by the IAA during the year under review. The work performed by Internal Audit has enabled the Committee to fulfil its duties around

Compliance, Financial Management, Performance and Information Technology.

The IAA carried out audit assignments in terms of the approved plan and was monitored by the Audit and Risk Committee as required by the PFMA and Treasury Regulations. The recommendations of the Audit and Risk Committee were considered during the course of the execution of audits. The IAA covered the following key audit activities during the year under review:

Type of audit	Total Planned	Total Completed
Compliance and/Regularity audit	15	13
Performance Information audit	8	8
Information Communication Technology (ICT) audits	3	3
Total planned audits	26	24
Rolled over audits		2
Ad-hoc Audits	14	14
Total	40	40

The IAA will continuously work with management by providing assurance and audit follow ups in an effort to improve controls.

IIA is continuously reviewing risk management activities in each area of audit during the execution of audits in the annual operational plan.

We have noted through internal audit reports that the control environment is generally effective but there are opportunities for improvement in some areas, as mentioned above.

### Risk Management

The Department has an Audit and Risk Committee which advises the Accounting Officer, on matters of risk management in fulfilling her mandate as required by the Public Finance Management Act [Section 38 (1) (a) (i)], and in line with the Public Sector Risk Management Framework developed by National Treasury. Management is responsible for the establishment and maintenance of an effective system of governance, risk management, internal control and the prevention and detection of fraud and corruption.

The Audit and Risk Committee recommended for approval by the Accounting Officer the Risk Management Policy, Strategy and Risk Management Implementation Plan. The Audit and Risk Committee monitored the progress on the Risk Management Implementation Plan. A risk register is updated annually to ensure that all major risks facing the department are managed. Internal Audit monitors the management of risks on a quarterly basis.

Nevertheless, the Committee still considers the Risk Management Function to be under-resourced in order to function optimally to maximise its coverage of the risk exposures facing the Department, given its current human resources and budget allocation. Efforts to supplement the capacity of the Risk Management Function have been noted by the Committee, and will continue to be monitored.

## The Quality of In-Year monitoring and Quarterly Reports

The Department has reported monthly and quarterly to the National Treasury as required by the PFMA. The Audit and Risk Committee reviewed the quarterly reports prepared and issued by the Accounting Officer of the Department during the year under review, and is satisfied with the content and quality thereof. There has been a notable improvement on the quality of performance information reports and financial statements in the current financial year, mainly due to management's commitment to implementing ARC recommendations.

## Evaluation of Financial Statements and Performance Information

The Audit and Risk Committee has reviewed the following:

- audited Financial Statements and Performance Information to be included in the
- annual report, with the Auditor-General South Africa (AGSA), the Accounting Officer and Management;
- AGSA management report and management responses thereto;
- the department's compliance with legal and regulatory provisions; and
- the financial statements for any significant adjustments resulting from the audit.

## Auditor-General's Report

The Audit and Risk Committee has met and discussed the audit outcomes with the AGSA and Management to ensure that there are no unresolved findings. We have also reviewed the department's implementation plan for the audit findings raised in the AGSA management report and continuous oversight will be exercised to ensure that all findings are adequately addressed.

## Conclusion

The Audit and Risk Committee concurs and accepts the conclusion of the AGSA on the annual financial statements and performance information and is of the opinion that the audited annual financial statements be accepted and read in conjunction with the report of the AGSA.

We thank management in the department for their contribution and effort during the financial year.



Ms PMK Mvulane  
 Chairperson of the Audit and Risk Committee  
 National Department of Health  
 Date: 31 July 2019

# Human Resource Management

## PART D

## Legislation and policies that govern Human Resources Management

POLICY	OBJECTIVE
Basic Condition of Employment Act (Act 75 of 1997)	To give effect to the right to fair Labour Practices referred to in Section 23(1) of the constitution by establishing and making provision for the regulation of Basic Condition of Employment Act.
Constitution of the Republic of South Africa (Act 108 of 1996)	Provides supreme law of the Republic, any law or conduct that is inconsistent with it; is invalid.
Employee Relations Act 66 of 1995	Advances economic development, social justice, labour peace and the democratisation of the workplace by fulfilling the primary objectives of the Act.
Employment Equity Act 55 of 1998	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace.
Human Resource Development Strategic Framework, Vision 2015	Addresses the major Human Resource capacity constraints currently hampering the effective and equitable delivery of public services.
National Human Resource Development Strategy	Maximises the potential of the people of SA, through the acquisition of knowledge and skills, to work productively and competitively in order to achieve a rising quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements, to achieve this.
Occupational Health and Safety Act 85 of 1993	Provide for occupational health and safety standards that need to be adhered to by the department and the monitoring and evaluation thereof.
Public Finance Management Act, 1 of 1999	Provide for the administration of state funds by functionaries, their responsibilities and the incidental matters.
Public Service Regulations, 2016	Provide a new framework for the management of the Public Service; include decentralised decision-making and planning within the boundaries of national strategies, programmes and policies.
Skills Development Act 97 of 1998	Establishes a high –quality skills development system that is cost-effective and accountable, meets skills needs, and promotes employment generated and economic growth.
White Paper on Human Resource Management in the Public Service	Ensures that Human Resource Management in Public Service becomes a model of excellence, in which the management of people is seen as everyone's responsibility and is conducted in a professional manner.
White Paper on Public Service Delivery- Batho Pele	Establishes a framework of values, norms and standards to improve public service delivery.
White Paper on Transformation of the Public Services	Provide for a strategic framework for public services transformation to support the service delivery objective of government.

### 4.1 Introduction

Human Resources Management and Development (HRM&D) component continued to provide strategic and improvement HR value chain services of high quality to clients. For the financial year under review, the Chief Directorate: HRM&D provided strategic and administrative support to line functionaries in implementing human resources practices required to attract, develop, reward and manage employees towards the attainment of Departmental Annual Performance Plan (APP) deliverables.

#### 4.1.1 Human Resources Charter

The HR Services Charter was monitored on a continuous basis in ensuring that services provided are in line with the set standards and meet the expectations of clients. The National Treasury's cost containment measures, resulted in a need for the adjustment of APP targets as well as a review of service standards. Clients were timeously alerted of these changes as per the redress provision contained in the Human Resource Charter.

### 4.1.2 Organisational Development

The organisational structure continued to support the Strategic Plan and objectives of the Department. The structure and post establishment were aligned, whilst post establishment was implemented on the PERSAL system.

#### 4.1.3 Recruitment

Recruitment, Selection and Appointment functions were effectively managed and implemented in ensuring the achievement of the strategic and service delivery objectives of department.

#### 4.1.4 Performance Management

The Department continued institutionalising performance culture, whilst enhancing an alignment between individual and organisational performance. For the financial year under review, the Department implemented employee development interventions and performance incentives in a consultative manner in enhancing employee's morale and maintaining harmonious labour relations.

#### 4.1.5 Employee Wellness

The Department implemented Wellness Services and productivity enhancement programmes. These Programmes included but were not limited to periodic health screening of employees, counselling and support services, commemoration of Health and Wellness Programmes as well as sport and recreation activities.

#### 4.1.6 Labour Relations

The Department enhanced Union engagements and Collective Bargaining process on matters of mutual interests. Grievances, disputes and disciplinary matters were effectively managed during the financial year under review.

#### 4.2 Personnel Related Expenditure

**Table 4.2.1.1: Personnel expenditure by programme for the period 1 April 2018 to 31 March 2019**

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Personnel expenditure as a % of total expenditure <sup>*1</sup>	No. of employees <sup>*3</sup>	Average personnel cost per employee (R') <sup>*2</sup>
Administration	471 684	204 928	1414	43.4%	409	501.05
NHI, Health Planning & System Enable	1 333 991	113 093	273	8.5%	160	706.83
HIV&AIDS TB & Child Health	20 626 825	80 509	224	0.4%	114	706.22
Primary Health Care Services	248 090	207 283	529	83.6%	418	495.89
Hospital, Tertiary Services & HR Development	22 130 938	128 216	980	0.6%	256	500.84
Health Regulation & Compliance Management	1 783 058	59 170	236	3.3%	111	533.06
Z=Total as on Financial Systems (BAS)	<b>46 594 586.0</b>	<b>793 199</b>	<b>3656</b>	<b>1.7%</b>	<b>1468</b>	<b>540.33</b>

\* Includes Minister and Deputy Minister and are accounted for on level 16

\* 1: Compensation of employees expenditure divided by total voted expenditure multiplied by 100

\* 2: Compensation of employees expenditure divided by number of employees per programme

\* 3: Total number of permanent employees plus additional positions on the establishment.

**Table 4.2.1.2: Personnel costs by salary band for the period 1 April 2018 and 31 March 2019**

Salary Bands	Personnel Expenditure (R'000)	% of total personnel cost <sup>*1</sup>	No. of employees <sup>*3</sup>	Average Personnel cost per employee (R'000) <sup>*2</sup>
Unskilled and defined decision making,	0	0.0%	0	0
Semi-skilled and discretionary decision making,	83 053	10.5%	335	248
Skilled technical and academically qualified workers, junior management, supervisors, foreman	266 876	33.6%	652	409
Professionally qualified and experienced specialists and mid-management,	310 691	39.2%	374	831
Senior Management	108 854	13.7%	93	1170
Top Management,	23 725	3.0%	14	1695
<b>TOTAL</b>	<b>793 199</b>	<b>100.0%</b>	<b>1468</b>	<b>540</b>

\* Includes Minister and Deputy Minister and are accounted for on level 16

\* 1: Compensation of employees divided by total Personnel cost for Department multiplied by 100

\* 2: Compensation of employees per salary band divided by number of employees per salary band (in hundreds)

\* 3: Total number of permanent employees plus additional positions on the establishment.

**Table 4.2.1.3: Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2018 and 31 March 2019**

Programme	Salaries		Overtime		HOA		Medical		Total personnel cost per programme (R'000)
	Amount (R'000)	Salaries as % of personnel cost <sup>1</sup>	Amount (R'000)	Overtime as % of personnel Cost <sup>2</sup>	Amount (R'000)	HOA as % of personnel Cost <sup>3</sup>	Amount (R'000)	Medical subsidy as % of personnel Cost <sup>4</sup>	
Administration	137 363	67.0%	3 049	1.5%	5 870	2.9%	9 335	4.6%	204 928
NHI, Health Planning & System Enable	71 878	63.6%	260	0.2%	2 184	1.9%	3 159	2.8%	113 093
HIV&AIDS, TB & Child Health	57 416	71.3%	0	0.0%	1 689	2.1%	2 326	2.9%	80 509
Primary Health Care Services	143 679	69.3%	7 050	3.4%	5 339	2.6%	10 054	4.9%	207 283
Hospital, Tertiary Services & HR Development	90 855	70.9%	2 419	1.9%	3 766	2.9%	5 402	4.2%	128 216
Health Regulation & Compliance Management	38 667	65.3%	892	1.5%	1 784	3.0%	3 431	5.8%	59 170
<b>Total</b>	<b>539 858</b>	<b>68.1%</b>	<b>13 670</b>	<b>1.7%</b>	<b>20 632</b>	<b>2.6%</b>	<b>33 707</b>	<b>4.2%</b>	<b>793 199</b>

\* 1: Salaries divided by total Personnel Cost per Programme

\* 2: Overtime divided by total Personnel Cost per Programme

\* 3: Home Owner's allowance divided by total Personnel Cost per Programme

\* 4: Medical Subsidy divided by total Personnel Cost per programme

**Table 4.2.1.4: Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2018 and 31 March 2019**

Salary bands	Salary		Overtime		HOA		Medical Subsidy		Total personnel cost per salary band (R'000)
	Amount (R'000)	Salaries as % of personnel cost <sup>1</sup>	Amount (R'000)	Overtime as % of personnel Cost <sup>2</sup>	Amount (R'000)	HOA as % of personnel Cost <sup>3</sup>	Amount (R'000)	Medical subsidy as % of personnel Cost <sup>4</sup>	
Unskilled and defined decision making	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Semi-skilled and discretionary decision making	52 631	63.4%	3 757	4.5%	4 816	5.8%	8 500	10.2%	83 053
Skilled technical and academically qualified workers, junior management, supervisors, foreman	187 884	70.4%	7 819	2.9%	9 106	3.4%	15 036	5.6%	266 876
Professionally qualified and experienced specialists and mid-management	203 968	65.6%	2 094	0.7%	4 951	1.6%	8 930	2.9%	310 691
Senior Management	80 593	74.0%	0	0.0%	1 660	1.5%	1 068	1.0%	108 854
Top Management	14 782	62.3%	0	0.0%	99	0.4%	173	0.7%	23 725
<b>TOTAL</b>	<b>539 858</b>	<b>68.1%</b>	<b>13 670</b>	<b>1.7%</b>	<b>20 632</b>	<b>2.6%</b>	<b>33 707</b>	<b>4.2%</b>	<b>793 199</b>

\* 1: Salaries divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

\* 2: Overtime divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

\* 3: Home Owner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

\* 4: Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

### 4.3 Employment and Vacancies

**Table 4.3.1: Employment and Vacancies by Programme as on 31 March 2019**

Programme	Number of Posts on approved Establishment	Number of posts filled	Vacancy Rate <sup>*1</sup>	Number of employees additional to the establishment
Administration	473	407	13.5%	2
NHI, Health Planning & System Enable	178	154	10.1%	6
HIV&AIDS, TB & Child Health	132	114	13.6%	0
Primary Health Care Services	478	415	12.6%	3
Hospital, Tertiary Services & HR Development	301	255	15.0%	1
Health Regulation & Compliance Management	132	111	15.9%	0
<b>TOTAL</b>	<b>1694</b>	<b>1456</b>	<b>13.3%</b>	<b>12</b>

\* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100  
Office note: Post listed includes only Voted Funds

**Table 4.3.2: Employment and vacancies by salary band as on 31 March 2019**

Salary Band	Number of Posts on approved Establishment	Number of posts filled	Vacancy Rate <sup>*1</sup>	Number of employees additional to the establishment
Unskilled and defined decision making,	0	0	0.0%	0
Semi-skilled and discretionary decision making,	392	331	14.5%	4
Skilled technical and academically qualified workers, junior management, supervisors, foreman	743	652	12.2%	0
Professionally qualified and experienced specialists and mid-management,	429	372	12.8%	2
Senior Management	115	90	19.1%	3
Top Management,	15	11	6.7%	3
<b>TOTAL</b>	<b>1694</b>	<b>1456</b>	<b>13.3%</b>	<b>12</b>

\* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100  
Office note: Post listed includes only Voted Funds

**Table 4.3.3: Employment and vacancies by critical occupation as on 31 March 2019**

Critical Occupations	Number of Posts on Approved Establishment	Number of posts filled	Vacancy Rate % <sup>1</sup>	Number of employees additional to the establishment
Administrative related,	48	40	16.7%	0
Artisan project and related superintendents,	1	1	0.0%	0
Auxiliary and related workers,	64	61	4.7%	0
Biochemistry pharmacology. zoology & life science technician,	165	145	12.1%	0
Cleaners in offices workshops hospitals etc.,	73	51	30.1%	0
Client inform clerks(switchboard receptionist information clerks),	4	4	0.0%	0
Communication and information related,	16	11	25.0%	1
Computer programmers.,	1	1	0.0%	0
Computer system designers and analysts.,	0	0	0.0%	0
Custodian personnel,	0	0	0.0%	0
Dental practitioners,	0	0	0.0%	0
Dental Specialist	1	1	0.0%	0
Dental Therapy,	1	0	100.0%	0
Dieticians and nutritionists,	9	8	11.1%	0
Emergency Services Related,	3	2	33.3%	0
Engineering sciences related,	2	2	0.0%	0
Engineers and related professionals,	2	2	0.0%	0
Environmental health,	274	244	10.9%	0
Finance and economics related,	2	2	0.0%	0
Financial and related professionals,	42	37	11.9%	0
Financial clerks and credit controllers,	26	23	7.7%	1
General legal administration & rel. professionals,	0	0	0.0%	0
Head of department/chief executive officer,	1	1	0.0%	0
Health sciences related,	121	106	12.4%	0
Human resources & organisational development & related professional,	51	46	9.8%	0
Human Resources Clerks	0	0	0.0%	0
Human resources related,	6	4	33.3%	0
Information technology related,	24	21	12.5%	0
Legal related,	2	1	50.0%	0
Librarians and related professionals,	0	0	0.0%	0
Library mail and related clerks,	24	21	12.5%	0
Light vehicle drivers,	3	3	0.0%	0
Logistical support personnel,	68	64	5.9%	0
Material-recording and transport clerks,	0	0	0.0%	0
Medical practitioners,	6	4	16.7%	1
Medical specialists,	0	0	0.0%	0
Medical technicians/technologists,	2	2	0.0%	0
Messengers porters and deliverers,	19	19	0.0%	0
Natural sciences related,	0	0	0.0%	0
Other administrative & related clerks and organisers,	165	139	13.9%	3
Other administrative policy and related officers,	97	85	12.4%	0
Other information technology personnel.,	3	3	0.0%	0
Other occupations,	2	2	0.0%	0
Pharmacists,	15	15	0.0%	0
Pharmacologist Pathologists & related Professionals	0	0	0.0%	0
Physicist	0	0	0.0%	0
Professional nurse,	15	12	20.0%	0
Radiography,	2	1	50.0%	0
Secretaries & other keyboard operating clerks,	113	94	16.8%	0
Security officers,	90	76	15.6%	0
Senior managers,	127	98	18.1%	6



Critical Occupations	Number of Posts on Approved Establishment	Number of posts filled	Vacancy Rate <sup>*1</sup>	Number of employees additional to the establishment
Social Science Related	0	0	0.0%	0
Social work and related professionals,	3	3	0.0%	0
Staff nurses and pupil nurses,	1	1	0.0%	0
Statisticians and related professionals,	0	0	0.0%	0
<b>TOTAL</b>	<b>1694</b>	<b>1456</b>	<b>13.3%</b>	<b>12</b>

\* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100  
Office note: Post listed includes only Voted Funds

#### 4.4 Filling of SMS Posts

**Table 4.4.1: SMS Post information as on 31 March 2019**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS posts filled	% of SMS posts filled <sup>*1</sup>	Total number of SMS posts vacant	% of SMS posts vacant <sup>*2</sup>
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HOD	3	3	100.0%	0	0.0%
Salary Level 15	11	10	90.9%	1	9.1%
Salary Level 14	32	21	65.6%	12	37.5%
Salary Level 13	83	72	86.7%	10	12.0%
<b>Total</b>	<b>130</b>	<b>107</b>	<b>82.3%</b>	<b>23</b>	<b>17.7%</b>

\*1: Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100

\*2: Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

**Table 4.4.2: SMS Post information as on 30 September 2018**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS posts filled	% of SMS posts filled <sup>*1</sup>	Total number of SMS posts vacant	% of SMS posts vacant <sup>*2</sup>
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HOD *2	3	3	100.0%	0	0.0%
Salary Level 15	11	10	90.9%	1	9.1%
Salary Level 14	34	23	67.6%	11	32.4%
Salary Level 13	87	74	85.1%	13	14.9%
<b>TOTAL</b>	<b>136</b>	<b>111</b>	<b>81.6%</b>	<b>25</b>	<b>18.4%</b>

\*1: Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100

\*2: Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

**Table 4.4.3: Advertising and filling of SMS posts for the period 1 April 2018 to 31 March 2019**

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	1	0	0
Salary Level 13	1	0	1
<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>1</b>

**Table 4.4.4: Reasons for not having complied with the filling of funded vacant SMS posts - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2018 to 31 March 2019**

#### Reasons for vacancies not advertised within six months

Reprioritisation process due to fiscal constraints. The department is going through a restructuring process where all vacancies are being rationalised and prioritised, as such what might appear as a vacancy on the establishment is not a true reflection of reality. Once the process of consultation and concurrence with MPSA on the proposed new structure has been concluded, a more valid establishment would be yielded from that process. It is envisaged that this process would be concluded before the end of the 2019/20

### Reasons for vacancies not filled within twelve months

The department is going through a restructuring process where all vacancies are being rationalised and prioritised, as such what might appear as a vacancy on the establishment is not a true reflection of reality. Once the process of consultation and concurrence with MPSA on the proposed new structure has been concluded, a more valid establishment would be yielded from that process. It is envisaged that this process would be concluded before the end of the 2019/19 financial year.

**Table 4.4.5: Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2018 to 31 March 2019**

#### Disciplinary Steps Taken

None

## 4.5 Job Evaluation

**Table 4.5.1: Job Evaluation by Salary Band for the period 1 April 2018 to 31 March 2019**

Salary Band	Number of posts on approved establishment	Number of Jobs Evaluated	% of Posts Evaluated per salary band *1	Posts Upgraded		Posts Downgraded	
				Number	% of posts evaluated *2	Number	% of posts evaluated *3
Unskilled and defined decision making,	0	0	0.0%	0	0.0%	0	0.0%
Semi-skilled and discretionary decision making,	392	12	3.1%	0	0.0%	0	0.0%
Skilled technical and academically qualified workers, junior management, supervisors, foreman	743	13	1.7%	0	0.0%	0	0.0%
Professionally qualified and experienced specialists and mid-management,	429	14	3.3%	0	0.0%	0	0.0%
Senior Management Service Band A (13)	114	5	4.4%	0	0.0%	0	0.0%
Senior Management Service Band B (14)	4	2	50.0%	0	0.0%	0	0.0%
Senior Management Service Band C (15)	9	0	0.0%	0	0.0%	0	0.0%
Senior Management Service Band D (16)	3	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>1694</b>	<b>46</b>	<b>2.7%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>

\*1 Number of posts Evaluated divided by Total Number of Post multiplied by 100

\*2 Number of posts Upgraded divided by Total Number of Post multiplied by 100

\*3 Number of posts Downgraded divided by Total Number of Post multiplied by 100

**Table 4.5.2: Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2018 to 31 March 2019**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

**Table 4.5.3: Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2018 to 31 March 2019**

Total number of employees whose salaries exceeded the level determined by job evaluation	None
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**Table 4.5.4: Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2018 to 31 March 2019**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

## 4.6 Employment Changes

**Table 4.6.1: Annual turnover rates by salary band for the period 1 April 2018 to 31 March 2019**

Salary Band	Number of employees at beginning of period 1 April 2018	Appointments and transfers into the department <sup>1</sup>	Terminations and transfers out of the department <sup>2</sup>	Turnover Rate % <sup>3</sup>
Unskilled and defined decision making,	0	0	0	0.0%
Semi-skilled and discretionary decision making,	334	14	15	4.3%
Skilled technical and academically qualified workers, junior management, supervisors, foreman	641	34	35	5.2%
Professionally qualified and experienced specialists and mid-management,	385	16	13	3.2%
Senior Management	96	2	7	7.1%
Top Management,	14	0	0	0.0%
<b>TOTAL</b>	<b>1470</b>	<b>66</b>	<b>70</b>	<b>4.8%</b>

1 Appointments include transfers into the Department

2: Terminations include transfers out of the Department

3: Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Office note: of the 144 employees, 31 Community Services employees from Port Health were terminated at the end of the community service period

**Table 4.6.2: Annual turnover rates by critical occupation for the period 1 April 2018 and 31 March 2019**

Critical Occupations	Number of employees at the beginning of period 1 April 2017	Appointments and transfers into the department <sup>1</sup>	Terminations and transfers out of the department <sup>2</sup>	Turnover Rate <sup>3</sup>
Administrative related	42	3	12	<b>26.7%</b>
Ambulance and related workers	0	0	0	<b>0.0%</b>
Artisan project and related superintendents	1	0	0	<b>0.0%</b>
Auxiliary and related workers	60	2	1	<b>1.6%</b>
Biochemistry pharmacology zoology & life sciences. Technician	147	2	4	<b>2.7%</b>
Cleaners in offices workshops hospitals etc.	58	1	7	<b>11.9%</b>
Client inform clerks (switchboard reception information clerks)	4	0	0	<b>0.0%</b>
Communication and information related	13	0	1	<b>7.7%</b>
Computer programmers.	1	0	0	<b>0.0%</b>
Computer system designers and analysts.	0	0	0	<b>0.0%</b>
Custodian personnel	0	0	0	<b>0.0%</b>
Dental Specialists	1	0	0	<b>0.0%</b>
Dental Therapy	0	0	0	<b>0.0%</b>
Dieticians and nutritionists	8	0	0	<b>0.0%</b>
Electrical and Electronics Engineering Technicians	0	0	0	<b>0.0%</b>
Emergency Services Related,	3	0	1	<b>33.3%</b>
Engineering sciences related	2	0	0	<b>0.0%</b>
Engineers and related professionals	1	0	0	<b>0.0%</b>
Environmental health	229	19	5	<b>2.4%</b>
Finance and economics related	2	0	0	<b>0.0%</b>
Financial and related professionals	38	1	3	<b>7.7%</b>
Financial clerks and credit controllers	24	3	2	<b>7.4%</b>
Food services aids and waiters	0	0	0	<b>0.0%</b>
General legal administration & rel. professionals	1	0	0	<b>0.0%</b>
Head of department/chief executive officer	1	0	0	<b>0.0%</b>
Health sciences related	102	7	2	<b>1.8%</b>
Human resources & organisational development & related professionals	49	0	3	<b>6.1%</b>
Human resources clerks	0	0	0	<b>0.0%</b>
Human resources related	3	1	0	<b>25.0%</b>
Information technology related	22	1	2	<b>13.0%</b>
Language practitioners interpreters & other communications	0	0	0	<b>0.0%</b>
Legal related	2	0	0	<b>0.0%</b>
Librarians and related professionals	0	0	0	<b>0.0%</b>
Library mail and related clerks	21	0	1	<b>4.8%</b>

Critical Occupations	Number of employees at the beginning of period 1 April 2017	Appointments and transfers into the department <sup>1</sup>	Terminations and transfers out of the department <sup>2</sup>	Turnover Rate <sup>3</sup>
Light vehicle drivers	3	0	0	0.0%
Logistical support personnel	59	6	2	3.1%
Material-recording and transport clerks	0	0	0	0.0%
Medical practitioners	3	2	0	0.0%
Medical research and related professionals	0	0	0	0.0%
Medical specialists	2	0	0	0.0%
Medical technicians/technologists	2	0	0	0.0%
Messengers porters and deliverers	19	0	0	0.0%
Natural sciences related	0	0	0	0.0%
Other administrative & related clerks and organisers	144	5	5	3.4%
Other administrative policy and related officers	86	1	1	1.1%
Other information technology personnel.	3	0	0	0.0%
Other occupations	2	0	0	0.0%
Pharmacists	21	2	0	0.0%
Pharmacologists pathologists & related professional	0	0	0	0.0%
Physicists	0	0	0	0.0%
Professional nurse	12	2	2	14.3%
Radiography	1	0	0	0.0%
Secretaries & other keyboard operating clerks	90	5	3	3.2%
Security guards	0	0	0	0.0%
Security officers	81	1	6	7.3%
Senior managers	103	2	7	6.7%
Social Work and related professionals	3	0	0	0.0%
Staff nurses and pupil nurses	1	0	0	0.0%
Statisticians and related professionals	0	0	0	0.0%
<b>TOTAL</b>	<b>1470</b>	<b>66</b>	<b>70</b>	<b>4.8%</b>

\*1 Appointments include transfers into the Department

\*2: Terminations include transfers out of the Department

\*3: Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

**Table 4.6.3: Reasons why staff left the department for the period 1 April 2018 to 31 March 2019**

Termination Type	Number of employees terminated	Percentage of Total Terminations <sup>1</sup>
Death,	3	4.1%
Resignation,	30	43.2%
Expiry of contract,	15	23.0%
Dismissal - operation changes	0	0.0%
Dismissal - misconduct	0	0.0%
Dismissal - inefficiency	0	0.0%
Discharged due to ill health	0	0.0%
Retirement,	13	17.6%
Transferred Out of the Dept	9	12.2%
Other,	0	0.0%
<b>TOTAL</b>	<b>70</b>	<b>100.0%</b>

Total number of employees who left as a % of total employment<sup>2</sup> 4.8%

\*1 Number of employees terminated divide by Total Termination multiplied by 100

\*2 Number of employees terminated divided by Total Employment as at start of period of 1 April 2018 multiplied by 100

**Table 4.6.4: Promotions by critical occupation for the period 1 April 2018 and 31 March 2019**

Occupation	Employees 1 April 2017	Promotions to another salary level	Salary level promotions as a % of employment <sup>1</sup>	Progressions to another notch within salary level	Notch progressions as a % of employment <sup>2</sup>
Administrative related	42	1	2.4%	30	71.4%
Ambulance and related workers	0	0	0.0%	0	0.0%
Artisan project and related superintendents	1	0	0.0%	1	100.0%
Auxiliary and related workers	60	0	0.0%	45	75.0%

Occupation	Employees 1 April 2017	Promotions to another salary level	Salary level promotions as a % of employment <sup>1</sup>	Progressions to another notch within salary level	Notch progressions as a % of employment <sup>2</sup>
Biochemistry pharmacology. Zoology & life sciences. Technicians	147	2	1.4%	111	75.5%
Chemists	0	0	0.0%	0	0.0%
Cleaners in offices workshops hospitals etc.	58	0	0.0%	41	70.7%
Client inform clerks (switchboard reception information clerks)	4	0	0.0%	4	100.0%
Communication and information related	13	0	0.0%	5	38.5%
Computer programmers.	1	0	0.0%	0	0.0%
Computer system designers and analysts.	0	0	0.0%	0	0.0%
Custodian personnel		0	0.0%	0	0.0%
Dental Specialists	1	0	0.0%	0	0.0%
Dental Therapy	0	0	0.0%	0	0.0%
Dieticians and nutritionists	8	0	0.0%	5	62.5%
Diplomats		0	0.0%	0	0.0%
Emergency Services Related	3	0	0.0%	1	33.3%
Engineering sciences related	2	0	0.0%	0	0.0%
Engineers and related professionals	1	0	0.0%	0	0.0%
Environmental health	229	5	2.2%	166	72.5%
Finance and economics related	2	0	0.0%	1	50.0%
Financial and related professionals	38	1	2.6%	31	81.6%
Financial clerks and credit controllers	24	0	0.0%	17	70.8%
Food services aids and waiters	0	0	0.0%	0	0.0%
General legal administration & rel. professionals	1	0	0.0%	0	0.0%
Head of department/chief executive officer	1	0	0.0%	0	0.0%
Health sciences related	102	1	1.0%	82	80.4%
Human resources & organisational development & related professionals	49	0	0.0%	40	81.6%
Human resources clerks	0	0	0.0%	1	0.0%
Human resources related	3	0	0.0%	3	100.0%
Information technology related	22	0	0.0%	18	81.8%
Language practitioners interpreters & other communicators		0	0.0%	0	0.0%
Legal related	2	0	0.0%	0	0.0%
Librarians and related professionals	0	0	0.0%	0	0.0%
Library mail and related clerks	21	0	0.0%	15	71.4%
Light vehicle drivers	3	0	0.0%	3	100.0%
Logistical support personnel	59	1	1.7%	43	72.9%
Material-recording and transport clerks	0	0	0.0%	0	0.0%
Medical practitioners	3	0	0.0%	1	33.3%
Medical research and related professionals	0	0	0.0%	0	0.0%
Medical specialists	2	0	0.0%	0	0.0%
Medical technicians/technologists	2	0	0.0%	2	100.0%
Messengers porters and deliverers	19	0	0.0%	13	68.4%
Natural sciences related	0	0	0.0%	0	0.0%
Other administrative & related clerks and organisers	144	2	1.4%	104	72.2%
Other administrative policy and related officers	86	1	1.2%	53	61.6%
Other information technology personnel.	3	0	0.0%	0	0.0%
Other occupations	2	0	0.0%	0	0.0%
Pharmacists	21	0	0.0%	5	23.8%
Pharmacologists pathologists & related professional	0	0	0.0%	0	0.0%
Physicists	0	0	0.0%	0	0.0%
Professional nurse	12	0	0.0%	1	8.3%
Radiography	1	0	0.0%	1	100.0%
Secretaries & other keyboard operating clerks	90	0	0.0%	56	62.2%
Security guards	0	0	0.0%	0	0.0%

Occupation	Employees 1 April 2017	Promotions to another salary level	Salary level promotions as a % of employment <sup>1</sup>	Progressions to another notch within salary level	Notch progressions as a % of employment <sup>2</sup>
Security officers	81	0	0.0%	59	72.8%
Senior managers	103	1	1.0%	70	68.0%
Social Work and related professionals	3	0	0.0%	2	66.7%
Staff nurses and pupil nurses	1	0	0.0%	0	0.0%
<b>Statisticians and related professionals</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>
<b>TOTAL</b>	<b>1470</b>	<b>15</b>	<b>1.0%</b>	<b>1030</b>	<b>70.1%</b>

<sup>1</sup> Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

<sup>2</sup> Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

**Table 4.6.5: Promotions by salary band for the period 1 April 2018 to 31 March 2019**

Salary Band	Employees 1 April 2017	Promotions to another salary level	Salary Level promotions as a % of employment <sup>1</sup>	Progressions to another notch within Salary Level	Notch progressions as a % of employment <sup>2</sup>
Unskilled and defined decision making	0	0	0.0%	0	0.0%
Semi-skilled and discretionary decision making	334	2	0.6%	251	75.1%
Skilled technical and academically qualified workers, junior management, supervisors, foreman	641	3	0.5%	445	69.4%
Professionally qualified and experienced specialists and mid-management	385	9	2.3%	264	68.6%
Senior Management	96	1	1.0%	67	69.8%
Top Management	14	0	0.0%	3	21.4%
<b>Total</b>	<b>1470</b>	<b>15</b>	<b>1.0%</b>	<b>1030</b>	<b>70.1%</b>

<sup>1</sup> Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

<sup>2</sup> Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

## 4.7 Employment Equity

**Table 4.7.1: Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2019**

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	40	2	6	6	36	7	4	3	104
Professionals	93	1	1	6	128	5	4	23	261
Technicians and associate professionals	220	8	7	11	378	11	7	23	665
Clerks	60	1	2	1	182	9	4	26	285
Service and sales workers	53	0	1	0	24	0	1	0	79
Skilled agriculture and fishery worker	0	0	0	0	0	0	0	0	0
Craft and related trades workers	1	0	0	0	0	0	0	0	1
Plant and machine operators and assemblers	1	0	0	1	1	0	0	0	3
Elementary occupations	30	0	0	0	39	1	0	0	70
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Employees with disabilities</b>	<b>498</b>	<b>12</b>	<b>17</b>	<b>25</b>	<b>788</b>	<b>33</b>	<b>20</b>	<b>75</b>	<b>1468</b>

**Table 4.7.2: Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2019**

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management,	3	0	3	1	4	2	1	0	14
Senior Management	38	2	3	6	33	5	3	3	93
Professionally qualified and experienced specialists and mid-management	125	7	6	11	176	7	10	32	374
Skilled technical and academically qualified workers, junior management, supervisors, foreman	186	3	4	5	397	14	5	38	652
Semi-skilled and discretionary decision making	146	0	1	2	178	5	1	2	335
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>498</b>	<b>12</b>	<b>17</b>	<b>25</b>	<b>788</b>	<b>33</b>	<b>20</b>	<b>75</b>	<b>1468</b>

**Table 4.7.3: Recruitment for the period 1 April 2018 to 31 March 2019**

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management,	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	1	1	0	0	0	2
Professionally qualified and experienced specialists and mid-management	5	0	0	2	4	2	1	2	16
Skilled technical and academically qualified workers, junior management, supervisors, foreman	11	0	0	0	22	0	0	1	34
Semi-skilled and discretionary decision making	7	0	0	0	7	0	0	0	14
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>34</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>66</b>
<b>Employees with disabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 4.7.4: Promotions for the period 1 April 2018 to 31 March 2019**

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management,	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	0	1	0	0	0	1
Professionally qualified and experienced specialists and mid-management	1	2	0	0	5	0	0	1	9
Skilled technical and academically qualified workers, junior management, supervisors, foreman	1	0	0	0	0	2	0	0	3
Semi-skilled and discretionary decision making	0	0	0	0	2	0	0	0	2
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>15</b>
<b>Employees with disabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 4.7.5: Terminations for the period 1 April 2018 to 31 March 2019**

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	4	0	0	3	0	0	0	0	7
Professionally qualified and experienced specialists and mid-management	7	0	0	1	3	0	1	1	13
Skilled technical and academically qualified workers, junior management, supervisors, foreman	13	0	0	1	16	2	0	3	35
Semi-skilled and discretionary decision making	7	1	0	0	7	0	0	0	15
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>31</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>26</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>70</b>
<b>Employees with disabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 4.7.6: Disciplinary action for the period 1 April 2018 to 31 March 2019**

Disciplinary Action	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Suspension	0	0	0	0	0	0	0	0	0

**Table 4.7.7: Skills development for the period 1 April 2018 to 31 March 2019**

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Legislators, Senior Officials and Managers	11	0	2	2	9	2	0	0	26
Professionals	34	1	0	0	58	1	2	4	100
Technicians and Associate Professionals	108	5	6	3	248	1	9	9	389
Clerks	34	3	2	0	104	4	1	3	151
Service and Sales Workers	34	0	0	0	24	0	0	0	58
Skilled Agriculture and Fishery Workers	0	0	0	0	0	0	0	0	0
Craft and related Trades Workers	0	0	0	0	0	0	0	0	0
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	0
Elementary Occupations	3	0	0	0	6				9
<b>TOTAL</b>	<b>224</b>	<b>9</b>	<b>10</b>	<b>5</b>	<b>449</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>733</b>
Employees with disabilities	0	0	0	0	0	0	0	1	1

#### 4.8 Signing of Performance Agreements by SMS Members

**Table 4.8.1: Signing of Performance Agreement by SMS members as on 31 March 2019**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Members	Total Number of Signed Performance Agreements	Signed Performance Agreements as % of Total Number of SMS Members <sup>1</sup>
Director-General / Head of Department	1	1	1	100.0%
Salary Level 16, but not HOD	3	1	1	100.0%
Salary Level 15	11	10	10	100.0%
Salary Level 14	33	21	20	95.2%
Salary Level 13	82	72	71	98.6%
<b>Total</b>	<b>130</b>	<b>105</b>	<b>103</b>	<b>98.1%</b>

<sup>1</sup>: Total Number of signed Performance Agreements per level divided by Total Number of SMS Members per level multiplied by 100

<sup>2</sup> Total number of SMS members on Salary level 16 but not HoD excludes Deputy Minister and Minister as these are Political Bearers

<sup>3</sup> Cuban Coordinator on salary level 13 who is appointed through Bilateral Agreement between SA and Cuba

**Table 4.8.2: Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2019**

Reasons
* Four (4) members who did not sign PAs are within 3 months grace period of contracting. Therefore 107 of eligible 112 signed their Performance Agreements
* Three (3) members who did not sign PAs are Health Attaches based in Foreign missions. These members sign their PAs with Ambassador.
* Two (2) members who did not sign PAs is due to pending role clarification based on Operational requirements

**Table 4.8.3: Disciplinary steps taken against SMS members for not having concluded Performance agreement as on 31 March 2019**

Reasons
The department has sent a non-compliance letter to the member informing him about the consequences for forfeiting performance incentives due to non-compliance.



## 4.9 Performance Rewards

**Table 4.9.1: Performance Rewards by race, gender and disability for the period 1 April 2017 to 31 March 2019**

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of Total employment <sup>1</sup>	Cost (R'000)	Average cost per beneficiary (R) <sup>2</sup>
African, Female	215	788	27.3%	4 138 509	19 249
African, Male	160	498	32.1%	3 263 194	20 395
Asian, Female	2	20	10.0%	59 780	29 890
Asian, Male	2	17	11.8%	41 748	20 874
Coloured, Female	11	33	33.3%	311 014	28 274
Coloured, Male	3	12	25.0%	79 021	26 340
<b>Total Blacks, Female</b>	<b>228</b>	<b>841</b>	<b>27.1%</b>	<b>4509</b>	<b>19 778</b>
<b>Total Blacks, Male</b>	<b>165</b>	<b>527</b>	<b>31.3%</b>	<b>3384</b>	<b>20 509</b>
White, Female	35	75	46.7%	838 240	23 950
White, Male	5	25	20.0%	125 019	25 004
Employees with a disability	0	12	0.0%	0	0
<b>TOTAL</b>	<b>433</b>	<b>1468</b>	<b>29.5%</b>	<b>8857</b>	<b>20 454</b>

\*1: Number of beneficiaries divided by Total Employment multiplied by 100

\*2: Cost divided by Number of beneficiaries

**Table 4.9.2: Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2018 to 31 March 2019**

Salary Band	Beneficiary profile			Cost	
	Number of beneficiaries	Total employment	% of Total employment <sup>1</sup>	Cost (R'000)	Average cost per beneficiary (R) <sup>2</sup>
Unskilled and defined decision making	0	0	0.0%	0	0
Semi-skilled and discretionary decision making	60	335	17.9%	423 227	7 054
Skilled technical and academically qualified workers, junior management, supervisors, foreman	243	652	37.3%	3 536 904	14 555
Professionally qualified and experienced specialists and mid-management	130	374	34.8%	4 896 394	37 665
Senior Management	0	93	0.0%	0	0
Top Management	0	14	0.0%	0	0
<b>TOTAL</b>	<b>433</b>	<b>1468</b>	<b>29.5%</b>	<b>8 856 525</b>	<b>20 454</b>

1: Number of beneficiaries divided by Total Employment multiplied by 100

2: Cost divided by Number of beneficiaries

**Table 4.9.3: Performance Rewards by critical occupation for the period 1 April 2018 and 31 March 2019**

Critical Occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of Total employment <sup>1</sup>	Cost (R)	Average cost per beneficiary (R) <sup>2</sup>
Administrative related	25	40	62.5%	1 022 165	40 887
Artisan project and related superintendents	1	1	100.0%	14 474	14 474
Auxiliary and related workers	11	61	18.0%	136 505	12 410
Biochemistry pharmacology. zoology & life sciences. Technician	27	145	18.6%	714 223	26 453
Cleaners in offices workshops hospitals etc.	25	51	49.0%	175 883	7 035
Client inform clerks(switchboard reception information clerks)	3	4	75.0%	48 140	16 047
Communication and information related	7	12	58.3%	215 452	30 779
Computer programmers	0	1	0.0%	0	0
Computer system designers and analysts	0	0	0.0%	0	0
Custodian personnel	0	0	0.0%	0	0
Dental practitioners	0	0	0.0%	0	0
Dental Specialist	0	1	0.0%	0	0
Dental Therapy	0	0	0.0%	0	0
Dieticians and nutritionists	3	8	37.5%	96 893	32 298
Emergency Services Related	0	2	0.0%	0	0
Engineering sciences related	0	2	0.0%	0	0
Engineers and related professionals	0	2	0.0%	0	0
Environmental health	4	244	1.6%	130 157	32 539

Critical Occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of Total employment <sup>1</sup>	Cost (R)	Average cost per beneficiary (R) <sup>2</sup>
Finance and economics related	2	2	100.0%	47 389	23 695
Financial and related professionals	25	37	67.6%	741 713	29 669
Financial clerks and credit controllers	10	24	41.7%	111 829	11 183
Food services aids and waiters	0	0	0.0%	0	0
General legal administration & rel. professionals	0	0	0.0%	0	0
Head of department/chief executive officer	0	1	0.0%	0	0
Health sciences related	22	106	20.8%	876 350	0
Human resources & organisation development & related professionals	41	46	89.1%	1 067 383	26 034
Human Resource Clerks	0	0	0.0%	0	0
Human resources related	2	4	50.0%	130 397	65 199
Information technology related	7	21	33.3%	125 435	17 919
Language practitioners interpreters & other communication	0	0	0.0%	0	0
Legal related	1	1	100.0%	16 585	16 585
Librarians and related professionals	0	0	0.0%	0	0
Library mail and related clerks	12	21	57.1%	146 155	0
Light vehicle drivers	1	3	33.3%	7 095	0
Logistical support personnel	17	64	26.6%	208 260	12 251
Material-recording and transport clerks	0	0	0.0%	0	0
Medical practitioners	0	5	0.0%	0	0
Medical research and related professionals	0	0	0.0%	0	0
Medical specialists	0	0	0.0%	0	0
Medical technicians/technologists	2	2	100.0%	58 763	29 382
Messengers porters and deliverers	14	19	73.7%	104 468	0
Natural sciences related, Permanent	0	0	0.0%	0	0
Other administrative & related clerks and organisers	52	142	36.6%	652 422	12 547
Other administrative policy and related officers	41	85	48.2%	824 290	20 105
Other information technology personnel	1	3	33.3%	19 699	19 699
Other occupations	0	2	0.0%	0	0
Pharmacists	1	15	6.7%	37 381	37 381
Pharmacologists pathologists & related professionals	0	0	0.0%	0	0
Physicists	0	0	0.0%	0	0
Professional nurse	0	12	0.0%	0	0
Radiography	1	1	100.0%	25 125	0
Secretaries & other keyboard operating clerks	44	94	46.8%	616 929	0
Security guards	0	0	0.0%	0	0
Security officers	28	76	36.8%	354 082	12 646
Senior managers	0	104	0.0%	0	0
Social Science	0	0	0.0%	0	0
Social work and related professionals	2	3	66.7%	109 296	0
Staff nurses and pupil nurses	1	1	100.0%	21 587	21 587
Statisticians and related professionals	0	0	0.0%	0	0
<b>TOTAL</b>	<b>433</b>	<b>1468</b>	<b>29.5%</b>	<b>8 856 525</b>	<b>20 454</b>

**Table 4.9.4: Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2018 and 31 March 2019**

Salary Band	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of total employment <sup>1</sup>	Cost (R)	Average cost per beneficiary (R) <sup>2</sup>
Band A (13)	0	71	0.0%	0	0
Band B (14)	0	20	0.0%	0	0
Band C (15)	0	10	0.0%	0	0
Band D (16)	0	4	0.0%	0	0
<b>TOTAL</b>	<b>0</b>	<b>105</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>

<sup>1</sup>1: Number of beneficiaries divided by Total Employment multiplied by 100  
<sup>2</sup>2: Number of beneficiaries divided by cost

## 4.10 Foreign workers

### 4.10.1: Foreign workers by salary band for the period 1 April 2018 and 31 March 2019

Salary Band	01 April 2018		31 March 2019		Change	
	Employment at beginning Period	% of Total <sup>1</sup>	Employment at end of period	% of Total <sup>2</sup>	Change in employment	% of Total <sup>3</sup>
Highly skilled supervision (Levels 9-12)	0	0.0%	0	0.0%	0	0.0%
SMS Contract (Level 13-16)	0	0.0%	1	100.0%	1	100.0%
<b>TOTAL</b>	<b>0</b>	<b>0.0%</b>	<b>1</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>

<sup>1</sup> Employment at beginning period within the salary band divided Total Employment at beginning of period multiplied by 100

<sup>2</sup> Employment at end of period within the salary band divided by Total Employment at end of period multiplied by 100

<sup>3</sup> Change in employment within the salary band divided by Total Change in Employment multiplied by 100

### Table 4.10.2: Foreign Workers by major occupation for the period 1 April 2018 to 31 March 2019

Salary band	01 April 2018		31 March 2019		Change	
	Employment at the beginning of the period	% of total <sup>1</sup>	Employment at the end of the period	% of total <sup>2</sup>	Change in employment	% Change <sup>3</sup>
Professional and manager	0	0.0%	0	0.0%	0	0.0%
Senior Managers	0	0.0%	1	100.0%	1	100.0%
<b>TOTAL</b>	<b>0</b>	<b>0.0%</b>	<b>1</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>

<sup>1</sup> Employment at beginning of period divided Total Employment at beginning of period multiplied by 100

<sup>2</sup> Employment at end of period divided by Total Employment at end of period multiplied by 100

<sup>3</sup> Change in employment by Total Change in Employment multiplied by 100

## 4.11. Leave Utilisation

### Table 4.11.1: Sick leave for the period 1 January 2018 to 31 December 2019

Salary Band	Total days	% Days with medical certification <sup>1</sup>	Number of employees using sick leave	% of Total employees using sick leave <sup>2</sup>	Average days per employee <sup>3</sup>	Estimated cost (R'000)	Total number of days with medical certification
Unskilled and defined decision making	22	0.0%	11	0.9%	2.0	7	0
Semi-skilled and discretionary decision making	1835	13.0%	282	22.8%	6.5	1 442	239
Skilled technical and academically qualified workers, junior management, supervisors, foreman	3875	11.6%	562	45.4%	6.9	5 791	450
Professionally qualified and experienced specialists and mid-management,	2079	10.9%	322	26.0%	6.5	5 776	227
Senior Management	350	12.3%	55	4.4%	6.4	1 448	43
Top Management	54	9.3%	6	0.5%	9.0	337	5
<b>TOTAL</b>	<b>8215</b>	<b>11.7%</b>	<b>1238</b>	<b>100.0%</b>	<b>6.6</b>	<b>14 801</b>	<b>964</b>

<sup>1</sup>Total number of days with medical certificate within the salary band divided by Total days multiplied by 100

<sup>2</sup> Number of employees using disability within the salary band leave divided by Total number of employees using Disability leave multiplied by 100

<sup>3</sup>Total Days divided by Number of employees using Disability leave

### Table 4.11.2: Disability leave (temporary and permanent) for the period 1 January 2018 to 31 December 2019

Salary band	Total days	% Days with medical certification <sup>1</sup>	Number of employees using disability leave	% of Total employees using disability leave <sup>2</sup>	Average days per employee <sup>3</sup>	Estimated cost (R'000)	Total number of employees using disability leave
Unskilled and defined decision making,	0	0.0%	0	0.0%	0.0	0	0
Semi-skilled and discretionary decision making	156	100.0%	8	16.0%	19.5	110	156
Skilled technical and academically qualified workers, junior management, supervisors, foreman	226	100.0%	16	32.0%	14.1	328	226
Professionally qualified and experienced specialists and mid-management	387	100.0%	21	42.0%	18.4	1 106	387
Senior Management	163	100.0%	4	8.0%	40.8	755	163
Top Management	15	0.0%	1	2.0%	0.0	87	15
<b>TOTAL</b>	<b>947</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>	<b>18.9</b>	<b>2 386</b>	<b>947</b>

<sup>1</sup>Total number of days with medical certificate within the salary band divided by Total days multiplied by 100

<sup>2</sup>Number of employees using disability within the salary band leave divided by Total number of employees using Disability leave multiplied by 100

<sup>3</sup>Total Days divided by Number of employees using Disability leave

**Table 4.11.3: Annual Leave for the period 1 January 2018 to 31 December 2018**

Salary Band	Total days taken	Average days per employee <sup>1</sup>	Number of employees who took leave
Unskilled and defined decision making	128	7	19
Semi-skilled and discretionary decision making	8175	24	346
Skilled technical and academically qualified workers, junior management, supervisors, foreman	15357	23	674
Professionally qualified and experienced specialists and mid-management	10284	24	423
Senior Management	2361	24	99
Top Management	196	18	11
<b>TOTAL</b>	<b>36501</b>	<b>23</b>	<b>1572</b>

Table 4.11.3 Annual Leave for the period 1 January 2017 to 31 December 2017

<sup>1</sup> Total Days Taken divided by Number of employees who took leave**Table 4.11.4: Capped leave for the period 1 January 2018 to 31 December 2018**

Salary Band	Total days of capped leave taken	Number of employees who took capped leave	Average number of days taken per employee <sup>1</sup>	Average capped leave per employee as at 31 Dec 2017 <sup>2</sup>	Total number of capped leave available at 31 Dec 2017	Number of employees as at 31 Dec 2017
Unskilled and defined decision making	1	1	0.0	0.0	0.00	0
Semi-skilled and discretionary decision making	13	5	1.0	30.3	1 757.7	58
Skilled technical and academically qualified workers, junior management, supervisors, foreman	14	5	2.6	24.6	3 071	125
Professionally qualified and experienced specialists and mid-management	4	1	2.8	34.2	3 937.7	115
Senior Management	0	0	4.0	38.9	1 437.8	37
Top Management	0	0	0.0	65.4	130.8	2
<b>TOTAL</b>	<b>32</b>	<b>12</b>	<b>2.7</b>	<b>30.7</b>	<b>10 335.0</b>	<b>337</b>

<sup>1</sup> Total Days of capped leave taken within the salary band divided by Number of employees who took capped leave<sup>2</sup> Total number of capped leave available at 31 December 2017 divided by the Number of Employees as at 31 December 2017**Table 4.11.5: Leave payouts for the period 1 April 2018 and 31 March 2019**

Reason	Total amount (R'000)	Number of employees	Average payment per employee (R'000) <sup>1</sup>
Leave pay-out for 2018/2019 due to non-utilisation of leave for the previous cycle	201	5	40
Capped leave payouts on termination of service for 2018/2019	2 067	24	86
Current leave payout on termination of service for 2018/2019	823	29	28
<b>TOTAL</b>	<b>3 092</b>	<b>58</b>	<b>155</b>

**4.12 HIV/AIDS and Health Promotion Programmes****Table 4.12.1: Steps taken to reduce the risk of occupational exposure**

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
None	

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		Adv MT Ngake; Chief Negotiator is the chairperson of the integrated employee health and wellness committee
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		3 Employees are available and the available budget is R940 000.00
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		The EAP core service is to identify troubled employees, offer counselling, do referrals and follow-up and look at prevention programmes that will enhance productivity. Health and wellness workshops, seminars and awareness campaigns in line with health calendar.

Question	Yes	No	Details, if yes
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		The Health and Wellness Unit is reconstituting the committee to be inclusive of all the pillars of the strategic framework.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees on the basis of HIV status, for example Recruitment and Leave policy.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Employee policy on HIV & AIDS and STI and TB in the workplace has been reviewed and is waiting for management approval. Employees and prospective employees have the right to confidentiality with regard to their HIV status, if an employee informs an employer of their HIV status. The Unit works closely with Employment Equity, HIV Care and Support Unit and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		On consultation with the Employee Assistance Programme Officer and the Departmental nurse, employees are counselled and encouraged to subject themselves to voluntary testing. Every year the department organises testing facilities for diseases of lifestyle. Where employees are encouraged to test for diseases such as diabetes, hypertension, HIV etc.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		x	Condom distribution and promotion of use of condoms. Male and female condoms are available. More condoms are being distributed as the uptake has increased. Health screening uptake has increased by 10% yearly. The number of employees who attends workshops, awareness campaigns and seminars on health and wellness issues have increased by 5% from last year.

#### 4.13 Labour Relations

**Table 4.13.1: Collective agreements for the period 1 April 2018 and 31 March 2019**

Subject matter	Date
Framework agreement on the payment of rural allowance (resolution 2 of 2017)	01 June 2017
Admission of trade unions to council (resolution 3 of 2017)	21 June 2017
Agreement on the payment of special allowance and danger allowance (Resolution 4 of 2017)	29 June 2017

**Table 4.13.2: Misconduct and disciplinary hearing finalised for the period 1 April 2018 to 31 March 2019**

Outcomes of disciplinary hearings	Number	% of total	Total
Correctional counselling	0	0.0%	0
Verbal Warning	0	0.0%	0
Written Warning	0	0.0%	0
Final Written Warning	0	0.0%	0
Suspend without pay	0	0.0%	0
Fine	0	0.0%	0
Demotion	0	0.0%	0
Dismissal	0	0.0%	0
Not guilty	0	0.0%	0
Case withdrawn	1	0.0%	1
<b>Total</b>	<b>1</b>	<b>100.0%</b>	<b>1</b>

**Table 4.13.3: Types of misconduct addressed at disciplinary hearings for the period 1 April 2018 to 31 March 2019**

Type of misconduct	Number	% of total	Total
Bribery	0	0.0%	0
Abseentism	0	0.0%	0
Assault	0	0.0%	0
<b>Total</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>

**Table 4.13.4: Grievances Lodged for the period 1 April 2018 to 31 March 2019**

Number of grievances addressed	Number	% of total	Total
Number of grievances resolved	17	100.0%	17
Number of grievances not resolved	44	100.0%	44
<b>Total number of grievance lodged</b>	<b>61</b>	<b>122.0%</b>	<b>50</b>

**Table 4.13.5: Disputes lodged with council for the period 1 April 2018 to 31 March 2019**

Number of disputes addressed	Number	% of total
Number of disputes upheld	4	57.1%
Number of disputes dismissed	3	42.9%
<b>Total number of disputes lodged</b>	<b>7</b>	<b>100.0%</b>

**Table 4.13.6: Strike Actions for the period 1 April 2018 to 31 March 2019**

Strike Actions		
Total number of person working days lost <sup>1</sup>		N/A
Total cost(R'000) of working days lost		N/A
Amount (R'000) recovered as a result of no work no pay		N/A

<sup>1</sup> Refer to page 16**Table 4.13.7: Precautionary suspensions for the period 1 April 2018 to 31 March 2019**

Precautionary Suspensions	Total
Number of people suspended	6
Number of people whose suspension exceeded 30 days	6
Average number of days suspended	365
<b>Cost (R'000) of suspensions</b>	<b>235</b>

#### 4.14 Skills Development

**Table 4.14.1: Training needs identified for the period 1 April 2018 to 31 March 2019**

Occupational Categories	Gender	Number of employees as at 1 April 2018	Training needs identified at start of the reporting period			Total
			Internship	Skills Programmes & other short courses	Bursaries	
Legislators, senior officials and managers	Female	50	0	46	5	<b>51</b>
	Male	54	0	41	3	<b>44</b>
Professionals	Female	160	0	371	28	<b>399</b>
	Male	101	0	206	14	<b>220</b>
Technicians and associate professionals	Female	419	0	866	27	<b>893</b>
	Male	246	0	441	18	<b>459</b>
Clerks	Female	221	0	403	23	<b>426</b>
	Male	64	0	116	7	<b>123</b>
Service and sales workers	Female	25	0	75	2	<b>77</b>
	Male	54	0	116	1	<b>117</b>
Skilled agriculture and fishery workers	Female	0	0	0	0	<b>0</b>
	Male	0	0	0	0	<b>0</b>
Craft and related trades workers	Female	0	0	0	0	<b>0</b>
	Male	1	0	1	0	<b>1</b>
Plant and machine operators and assemblers	Female	1	0	0	0	<b>0</b>
	Male	2	0	0	0	<b>0</b>
Elementary occupations (Labourers and Related Workers)	Female	40	0	76	0	<b>76</b>
	Male	30	0	33	3	<b>36</b>
Gender sub totals	Female	<b>916</b>	<b>0</b>	<b>1837</b>	<b>85</b>	<b>1922</b>
	Male	<b>552</b>	<b>0</b>	<b>954</b>	<b>46</b>	<b>1000</b>
<b>Total</b>		<b>1468</b>	<b>0</b>	<b>2791</b>	<b>131</b>	<b>2922</b>

**Table 4.14.2: Training provided for the period 1 April 2018 to 31 March 2019**

Occupational Categories	Gender	Number of employees	Training needs identified at start of the reporting period			
			Internship	Skills Programmes & other short courses	Bursaries	Total
Legislators, senior officials and managers	Female	50	0	7	4	11
	Male	54	0	11	4	15
Professionals	Female	160	12	36	17	65
	Male	101	1	29	5	35
Technicians and associate professionals	Female	419	25	222	20	267
	Male	246	11	98	13	122
Clerks	Female	221	21	74	17	112
	Male	64	6	28	5	39
Service and sales workers	Female	25	0	22	2	24
	Male	54	0	31	3	34
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	0	0	0
Plant and machine operators and assemblers	Female	1	0	0	0	0
	Male	2	0	0	0	0
Elementary occupations	Female	40	0	6	0	6
	Male	30	0	3	0	3
Gender sub totals	Female	916	58	367	60	485
	Male	552	18	200	30	248
<b>Total</b>		<b>1468</b>	<b>76</b>	<b>567</b>	<b>90</b>	<b>733</b>

#### 4.15 Injury on Duty

**Table 4.15.1: Injury on duty for the period 1 April 2018 to 31 March 2019**

Nature of injury on duty	Number	% of total
Required basic medical attention only	3	100.0%
Temporary Total Disablement	0	0.0%
Permanent Disablement	0	0.0%
Fatal	0	0.0%
<b>Total</b>	<b>3</b>	<b>100.0%</b>

#### 4.16 Utilisation of Consultants

**Table 4.16.1: Report on consultant appointments using appropriated funds for the period 1 April 2018 to 31 March 2019**

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
Mental Health Administrator: Eastern Cape	01	126	R 1 775 040
<b>Total number of projects</b>	<b>Total individual consultants</b>	<b>Duration: Work days</b>	<b>Contract value in Rand</b>
01	01	126	R 1 775 040

**Table 4.16.2: Analysis of consultant appointments using appropriated funds, i.t.o. HDIs for the period 1 April 2018 to 31 March 2019**

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Mental Health Administrator: Eastern Cape	100%	100%	01

**Table 4.16.3: Report on consultant appointments using Donor funds for the period 1 April 2018 to 31 March 2019**

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
None			

Total number of projects	Total individual consultants	Duration: Work days	Contract value in Rand
None			

**Table 4.16.4: Analysis of consultant appointments using Donor funds, i.t.o. HDIs for the period 1 April 2018 to 31 March 2019**

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
None			

#### 4.17 Severance Packages

**Table 4.17.1: Granting of employee initiated severance packages for the period 1 April 2018 to 31 March 2019**

Category	No of applications received	No of applications referred to the MPSA	No of applications supported by MPSA
Lower Skilled (Salary Level 1-2)	0	0	0
Skilled (Salary Level 3-5)	0	0	0
Highly Skilled Production (Salary Level 6-8)	0	0	0
Highly Skilled Production (Salary Level 9-12)	0	0	0
Senior Management (Salary Level 13 and higher)	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>





# Financial Information

## PART E

## Report of the Auditor-General to Parliament on Vote No. 16: National Department of Health

### Report on the audit of the financial statements

#### Opinion

1. I have audited the financial statements of the National Department of Health set out on pages 94 to 177, which comprise the appropriation statement, the statement of financial position as at 31 March 2019, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the National Department of Health as at 31 March 2019, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2018 (Act No. 1 of 2018) (Dora).

#### Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.
4. I am independent of the department in accordance with sections 290 and 291 of the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants* (IESBA code), parts 1 and 3 of the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants* (including *International Independence Standards*) and the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Emphasis of matters

6. I draw attention to the matters below. My opinion is not modified in respect of these matters.

#### Material underspending of government grants

7. As disclosed in note 4.1 to the appropriation statement, the department materially underspent the budget by R558 million on the National Health Insurance, health planning and systems enablement programme.

#### Restatement of corresponding figures

8. As disclosed in note 33 to the financial statements, the corresponding figures for 31 March 2018 were restated as a result of an error in the financial statements of the department at, and for the year ended, 31 March 2019.

#### Other matter

9. I draw attention to the matter below. My opinion is not modified in respect of this matter.

#### Unaudited supplementary schedules

10. The supplementary information set out on pages 181 to 192 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

#### Responsibilities of the accounting officer for the financial statements

11. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
12. In preparing the financial statements, the accounting officer is responsible for assessing the National Department of Health's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

#### Auditor-General's responsibilities for the audit of the financial statements

13. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
14. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

## Report on the audit of the annual performance report

### Introduction and scope

15. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.
16. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators/ measures included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.
17. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2019:

Programmes	Pages in annual performance report
Programme 2 – National Health Insurance, Health Planning and Systems Enablement	24 – 25
Programme 5 – Hospital, Tertiary Health Services and Human Resource Development	38 – 40

18. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
19. The material findings in respect of the usefulness and reliability of the selected programmes are as follows:

#### Programme 2 – National Health Insurance, health Planning and Systems Enablement

20. I did not raise any material findings on the usefulness and reliability of the reported performance information for this programme.

## Programme 5 – Hospitals, Tertiary Health Services and Human Resource Development

### Indicator: Percentage backlog eliminated for toxicology tests

21. The reported achievement of 36,3% backlog eliminated for toxicology tests was not reliable, as the department did not have an adequate performance management system to maintain records to enable reliable reporting on the achievement of targets. As a result, I was unable to obtain sufficient appropriate audit evidence in some instances, while in other cases the supporting evidence provided did not agree to the reported achievement. Based on the supporting evidence that was provided, the achievement was, 45.29 % backlog eliminated for toxicology tests, but I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievement.

### Other matters

22. I draw attention to the matters below.

#### Achievement of planned targets

23. Refer to the annual performance report on pages 24 to 25 and 38 to 40 for information on the achievement of planned targets for the year and explanations provided for the under- or overachievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraph 21 of this report.

#### Adjustment of material misstatements

24. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 5 – Hospitals, Tertiary Health Services and Human Resource Development. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information.

## Report on the audit of compliance with legislation

### Introduction and scope

25. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.
26. The material findings on compliance with specific matters in key legislation are as follows:

## Annual financial statements

27. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework, as required by section 40(1)(b) of the PFMA.
28. Material misstatements of immovable assets identified by the auditors in the submitted financial statements were corrected, resulting in the financial statements receiving an unqualified audit opinion.

## Other information

29. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report thereon and those selected programmes presented in the annual performance report that have been specifically reported on in the auditor's report.
30. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.
31. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
32. I have not yet received the annual report. When I do receive this information, and if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report.

## Internal control deficiencies

33. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the annual performance report and the findings on compliance with legislation included in this report.
34. Significant internal control weaknesses were noted regarding the accurate and complete recording of immovable assets. The implementation of adequate controls to prevent and detect material misstatements relating to immovable assets was a challenge for the senior management of the department. This resulted in the correction of material misstatements on the completeness of the immovable tangible assets disclosure notes in the financial statements.
35. The audit outcomes on predetermined objectives were affected by the significant internal control weakness in relation to controls surrounding proper record keeping and controls over daily and monthly processing and reconciling transactions.

*Auditor-General*

**Pretoria  
31 July 2019**



**AUDITOR - GENERAL  
SOUTH AFRICA**

*Auditing to build public confidence*

**Health Vote 16**  
Appropriation Statement for the Year ended 31 March 2019

Appropriation per programme									
Programme	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Administration	537 146	-	(13 000)	524 146	471 683	52 463	90,0%	500 541	478 160
2. National Health Insurance, Health Planning and Systems Enablement	1 848 199	-	44 000	1 892 199	1 333 991	558 208	70,5%	924 954	841 540
3. HIV and AIDS, Tuberculosis and Maternal and Child Health	20 714 057	-	(15 000)	20 699 057	20 626 825	72 232	99,7%	18 295 310	18 279 941
4. Primary Health Care Services	301 736	-	(22 000)	279 736	248 090	31 646	88,7%	263 343	253 771
5. Hospitals, Tertiary Health Services and Human Resource Development	22 310 690	-	(2 498)	22 308 192	22 130 938	177 254	99,2%	20 914 800	20 828 771
6. Health Regulation and Compliance Management	1 796 546	-	8 498	1 805 044	1 783 058	21 986	98,8%	1 746 609	1 742 508
<b>Subtotal</b>	<b>47 508 374</b>	<b>-</b>	<b>-</b>	<b>47 508 374</b>	<b>46 594 585</b>	<b>913 789</b>	<b>98,1%</b>	<b>42 645 557</b>	<b>42 424 691</b>
<b>Reconciliation with statement of financial performance</b>									
<b>ADD</b>									
Departmental receipts				6 013				76 056	
Aid assistance				-				928 153	
<b>Actual amounts per statement of financial performance (total revenue)</b>				<b>973 334</b>				<b>43 649 766</b>	
				48 487 721					
<b>ADD</b>									
Aid assistance					747 778				763 531
<b>Actual amounts per statement of financial performance (total expenditure)</b>					<b>47 342 363</b>				<b>43 188 222</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Appropriation per economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>3 222 828</b>	<b>(1 265)</b>	<b>24 048</b>	<b>3 245 611</b>	<b>2 581 996</b>	<b>663 615</b>	<b>79,6%</b>	<b>2 578 303</b>	<b>2 481 841</b>
Compensation of employees	828 814	-	-	828 814	793 199	35 615	95,7%	873 358	856 263
Salaries and wages	726 566	-	(1 202)	725 364	688 707	36 657	94,9%	766 946	747 737
Social contributions	102 248	-	1 202	103 450	104 493	(1 043)	101,0%	106 412	108 526
Goods and services	2 394 014	(1 265)	24 048	2 416 797	1 788 797	628 000	74,0%	1 704 945	1 625 578
Administrative fees	587	(40)	-	547	196	351	35,8%	561	213
Advertising	10 519	(3 770)	-	6 749	4 486	2 263	66,5%	13 880	13 299
Minor assets	7 294	9 485	(400)	16 379	5 658	10 721	34,5%	82 729	11 301
Audit costs: External	35 120	203	-	35 323	19 875	15 448	56,3%	25 558	25 549
Bursaries: Employees	1 600	(30)	-	1 570	921	649	58,7%	1 500	692
Catering: Departmental activities	4 462	1 652	-	6 114	3 047	3 067	49,8%	4 078	2 941
Communication (G&S)	19 077	(3 964)	-	15 113	12 276	2 837	81,2%	15 792	13 660
Computer services	92 813	3 471	500	96 784	66 036	30 748	68,2%	57 581	45 001
Consultants: Business and advisory services	425 433	5 242	19 511	450 186	289 265	160 921	64,3%	263 169	272 817
Laboratory services	20	300	-	320	567	(247)	177,2%	399	73
Legal services	6 253	(2 000)	-	4 253	3 718	535	87,4%	7 130	6 713
Contractors	764 673	3 935	21	768 629	512 375	256 454	66,6%	522 741	561 904
Agency and support / outsourced services	397 691	(1 668)	(22 000)	374 023	351 389	22 634	93,9%	35 317	34 870
Entertainment	170	(20)	-	150	42	108	28,0%	85	12
Fleet services (including government motor transport)	48 334	2 148	100	50 582	60 224	(9 642)	119,1%	83 343	81 908
Inventory: Clothing material and accessories	2 960	50	-	3 010	476	2 534	15,8%	1 200	802
Inventory: Farming supplies	148	(60)	-	88	-	88		2 108	2 016
Inventory: Food and food supplies	485	(16)	-	469	86	383	18,3%	373	159
Inventory: Fuel, oil and gas	2 042	(500)	-	1 542	804	738	52,1%	2 199	2 068
Inventory: Medical supplies	90 244	140	(5 500)	84 884	74 136	10 748	87,3%	83 196	83 160
Inventory: Medicine	265	(256)	44 000	44 009	43 988	21	100,0%	86 725	86 407
Inventory: Other supplies	13 510	779	-	14 289	11 023	3 266	77,1%	9 808	9 433
Consumable supplies	52 466	14	-	52 480	1 665	50 815	3,2%	3 029	2 208
Consumable: Stationery, printing and office supplies	23 468	(5 161)	-	18 307	9 400	8 907	51,3%	19 964	15 164
Operating leases	159 394	(25 407)	(8 700)	125 287	121 732	3 555	97,2%	140 543	134 095
Property payments	15 937	24 063	(3 800)	36 200	34 259	1 941	94,6%	31 135	28 965

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Travel and subsistence	108 161	(1 197)	(184)	106 780	83 218	23 562	77,9%	101 515	90 385
Training and development	8 334	-	-	8 334	3 428	4 906	41,1%	6 330	5 487
Operating payments	93 647	(9 706)	500	84 441	65 547	18 894	77,6%	90 429	83 573
Venues and facilities	8 487	737	-	9 224	8 510	714	92,3%	12 158	10 527
Rental and hiring	220	311	-	531	450	81	84,7%	370	176
<b>Transfers and subsidies</b>	<b>43 280 914</b>	<b>1 298</b>	<b>(24 048)</b>	<b>43 258 164</b>	<b>43 246 973</b>	<b>11 191</b>	<b>100,0%</b>	<b>39 292 973</b>	<b>39 254 610</b>
Provinces and municipalities	41 364 098	-	-	41 364 098	41 364 098	-	100,0%	37 570 226	37 570 226
Provinces	41 364 098	-	-	41 364 098	41 364 098	-	100,0%	37 570 226	37 570 226
Provincial Revenue Funds	41 364 098	-	-	41 364 098	41 364 098	-	100,0%	37 570 226	37 570 226
Departmental agencies and accounts	1 719 980	-	6 000	1 725 980	1 719 556	6 424	99,6%	1 518 471	1 518 472
Social security funds	3 836	-	-	3 836	3 836	-	100,0%	3 718	3 718
Departmental agencies and accounts (non-business entities)	1 716 144	-	6 000	1 722 144	1 715 720	6 424	99,6%	1 514 753	1 514 754
Non-profit institutions	195 909	-	(30 048)	165 861	161 167	4 694	97,2%	193 737	155 374
Households	927	1 298	-	2 225	2 152	73	96,7%	10 539	10 538
Social benefits	927	1 291	-	2 218	2 145	73	96,7%	3 539	3 539
Other transfers to households	-	7	-	7	7	-	100,0%	7 000	6 999
<b>Payments for capital assets</b>	<b>1 004 632</b>	<b>(33)</b>	-	<b>1 004 599</b>	<b>765 616</b>	<b>238 983</b>	<b>76,2%</b>	<b>774 044</b>	<b>688 003</b>
Buildings and other fixed structures	544 073	19 000	-	563 073	591 035	(27 962)	105,0%	643 984	577 139
Buildings	544 073	19 000	-	563 073	591 035	(27 962)	105,0%	643 984	577 139
Machinery and equipment	460 523	(19 529)	-	440 994	174 581	266 413	39,6%	125 060	110 864
Other machinery and equipment	460 523	(19 529)	-	440 994	174 581	266 413	39,6%	125 060	110 864
Software and other intangible assets	36	496	-	532	-	532	-	5 000	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>237</b>	<b>237</b>
<b>Total</b>	<b>47 508 374</b>	<b>-</b>	<b>-</b>	<b>47 508 374</b>	<b>46 594 585</b>	<b>913 789</b>	<b>98,1%</b>	<b>42 645 557</b>	<b>42 424 691</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>										
1.	Ministry	31 217	(437)	-	30 780	28 974	1 806	94,1%	31 840	26 492
2.	Management	25 666	437	-	26 103	24 603	1 500	94,3%	23 193	22 319
3.	Corporate Services	254 528	1 492	-	256 020	230 082	25 938	89,9%	243 634	231 112
4.	Office Accommodation	150 912	-	(13 000)	137 912	136 338	1 574	98,9%	150 179	147 103
5.	Financial Management	74 823	(1 492)	-	73 331	51 686	21 645	70,5%	51 695	51 134
<b>Total for sub programmes</b>		<b>537 146</b>	<b>-</b>	<b>(13 000)</b>	<b>524 146</b>	<b>471 683</b>	<b>52 463</b>	<b>90,0%</b>	<b>500 541</b>	<b>478 160</b>
<b>Economic classification</b>										
<b>Current payments</b>		<b>529 035</b>	<b>(426)</b>		<b>515 609</b>	<b>466 300</b>	<b>49 409</b>	<b>90,4%</b>	<b>492 957</b>	<b>473 197</b>
Compensation of employees		209 195	-	-	209 195	204 927	4 268	98,0%	197 170	196 141
Salaries and wages		182 031	-	-	182 031	177 902	4 129	97,7%	172 596	170 364
Social contributions		27 164	-	-	27 164	27 025	139	99,5%	24 574	25 777
Goods and services		319 840	(426)	(13 000)	306 414	261 273	45 141	85,3%	295 787	277 056
Administrative fees		460	-	-	460	125	335	27,2%	409	110
Advertising		4 849	(155)	-	4 694	4 122	572	87,8%	10 959	10 575
Minor assets		2 388	(427)	(500)	1 461	432	1 029	29,6%	2 259	496
Audit costs: External		32 220	-	-	32 220	17 198	15 022	53,4%	22 197	22 197
Bursaries: Employees		1 600	(30)	-	1 570	921	649	58,7%	1 500	692
Catering: Departmental activities		867	(3)	-	864	299	565	34,6%	828	467
Communication (G&S)		8 738	664	-	9 402	7 724	1 678	82,2%	8 816	7 047
Computer services		34 139	8 939	-	43 078	38 979	4 099	90,5%	35 785	36 671
Consultants: Business and advisory services		16 652	(772)	-	15 880	6 423	9 457	40,4%	4 619	4 341
Legal services		6 253	(2 000)	-	4 253	3 718	535	87,4%	7 030	6 713
Contractors		4 365	(1 368)	-	2 997	2 460	537	82,1%	2 876	2 245
Agency and support / outsourced services		56	(11)	-	45	44	1	97,8%	117	86
Entertainment		100	-	-	100	28	72	28,0%	43	-



Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Fleet services (including government motor transport)	3 994	-	-	3 994	4 955	(961)	124,1%	5 200	3 772
Inventory: Clothing material and accessories	350	-	-	350	265	85	75,7%	365	7
Inventory: Food and food supplies	188	-	-	188	40	148	21,3%	123	57
Inventory: Fuel, oil and gas	165	-	-	165	1	164	0,6%	62	3
Inventory: Medical supplies	-	-	-	-	-	-	-	5	-
Inventory: Other supplies	310	(300)	-	10	-	10	-	320	2
Consumable supplies	816	(131)	-	685	392	293	57,2%	908	899
Consumable: Stationery, printing and office supplies	12 386	(2 374)	-	10 012	7 396	2 616	73,9%	10 699	8 509
Operating leases	142 962	(23 158)	(8 700)	111 104	109 664	1 440	98,7%	124 922	123 313
Property payments	14 109	23 494	(3 800)	33 803	32 701	1 102	96,7%	30 188	28 164
Travel and subsistence	21 591	(2 257)	-	19 334	19 118	216	98,9%	16 936	13 789
Training and development	6 388	-	-	6 388	2 932	3 456	45,9%	5 710	4 833
Operating payments	2 819	(537)	-	2 282	899	1 383	39,4%	2 047	1 304
Venues and facilities	1 075	-	-	1 075	437	638	40,7%	764	764
Rental and hiring	-	-	-	-	-	-	-	100	-
<b>Transfers and subsidies</b>	<b>3 105</b>	<b>426</b>	-	<b>3 531</b>	<b>3 108</b>	<b>423</b>	<b>88,0%</b>	<b>2 906</b>	<b>2 906</b>
Departmental agencies and accounts	2 911	-	-	2 911	2 487	424	85,4%	2 306	2 306
Departmental agencies (non-business entities)	2 911	-	-	2 911	2 487	424	85,4%	2 306	2 306
Households	194	426	-	620	621	(1)	100,2%	600	600
Social benefits	194	419	-	613	614	(1)	100,2%	600	600
Other transfers to households	-	7	-	7	7	-	100,0%	-	-
<b>Payments for capital assets</b>	<b>5 006</b>	-	-	<b>5 006</b>	<b>2 375</b>	<b>2 631</b>	<b>47,4%</b>	<b>4 597</b>	<b>1 976</b>
Machinery and equipment	5 006	-	-	5 006	2 375	2 631	47,4%	4 597	1 976
Other machinery and equipment	5 006	-	-	5 006	2 375	2 631	47,4%	4 597	1 976
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>81</b>	<b>81</b>
<b>Total</b>	<b>537 146</b>	<b>-</b>	<b>(13 000)</b>	<b>524 146</b>	<b>471 683</b>	<b>52 463</b>	<b>90,0%</b>	<b>500 541</b>	<b>478 160</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>31 125</b>	<b>(437)</b>	-	<b>30 688</b>	<b>28 960</b>	<b>1 738</b>	<b>94,3%</b>	<b>31 328</b>	<b>26 237</b>
Compensation of employees	18 422	-	-	18 422	16 777	1 645	91,1%	17 175	16 484
Salaries and wages	16 661	-	-	16 661	15 019	1 642	90,1%	15 038	14 754
Social contributions	1 761	-	-	1 761	1 758	3	99,8%	2 137	1 730
Goods and services	12 703	(437)	-	12 266	12 173	93	99,2%	14 153	9 753
Minor assets	346	(26)	-	320	9	311	2,8%	464	20
Bursaries: Employees	100	(30)	-	70	-	70	-	-	-
Catering: Departmental activities	150	-	-	150	31	119	20,7%	200	45
Communication (G&S)	690	-	-	690	591	99	85,7%	1 259	545
Computer services	10	-	-	10	-	10	-	20	-
Contractors	20	205	-	225	148	77	65,8%	120	38
Entertainment	100	-	-	100	28	72	28,0%	40	-
Fleet services (including government motor transport)	1 465	(20)	-	1 445	2 453	(1 008)	169,8%	2 429	1 865
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	5	-
Inventory: Food and food supplies	75	-	-	75	14	61	18,7%	27	8
Inventory: Fuel, oil and gas	70	-	-	70	-	70	-	-	1
Inventory: Other supplies	-	-	-	-	-	-	-	10	-
Consumable supplies	66	-	-	66	2	64	3,0%	33	7
Consumable: Stationery, printing and office supplies	970	(566)	-	404	29	375	7,2%	1 038	717
Operating leases	400	-	-	400	238	162	59,5%	460	288
Travel and subsistence	7 656	-	-	7 656	8 162	(506)	106,6%	7 412	5 736
Training and development	50	-	-	50	-	50	-	-	-
Operating payments	85	-	-	85	277	(192)	325,9%	102	111
Venues and facilities	450	-	-	450	191	259	42,4%	434	372
Rental and hiring	-	-	-	-	-	-	-	100	-
<b>Transfers and subsidies</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>166</b>	<b>166</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	44	44
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	44	44
Households	-	-	-	-	-	-	-	122	122

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Social benefits	-	-	-	-	-	-	-	122	122
<b>Payments for capital assets</b>	<b>92</b>	-	-	<b>92</b>	<b>24</b>	<b>68</b>	<b>26,1%</b>	<b>341</b>	<b>84</b>
Machinery and equipment	92	-	-	92	24	68	26,1%	341	84
Other machinery and equipment	92	-	-	92	24	68	26,1%	341	84
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	<b>5</b>	<b>5</b>
<b>Total</b>	<b>31 217</b>	<b>(437)</b>	-	<b>30 780</b>	<b>28 974</b>	<b>1 806</b>	<b>94,1%</b>	<b>31 840</b>	<b>26 492</b>

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>25 527</b>	<b>436</b>	-	<b>25 963</b>	<b>24 556</b>	<b>1 407</b>	<b>94,6%</b>	<b>22 893</b>	<b>22 215</b>
Compensation of employees	20 530	-	-	20 530	19 123	1 407	93,1%	18 618	18 618
Salaries and wages	16 929	-	-	16 929	17 197	(268)	101,6%	16 920	16 680
Social contributions	3 601	-	-	3 601	1 926	1 675	53,5%	1 698	1 938
Goods and services	4 997	436	-	5 433	5 433	-	100,0%	4 275	3 597
Administrative fees	-	-	-	-	-	-	-	5	-
Minor assets	110	-	-	110	2	108	1,8%	54	18
Catering: Departmental activities	210	-	-	210	75	135	35,7%	205	139
Communication (G&S)	181	100	-	281	220	61	78,3%	436	248
Computer services	6	-	-	6	-	6	-	-	-
Consultants: Business and advisory services	15	-	-	15	-	15	-	-	1
Legal services	-	-	-	-	-	-	-	90	-
Contractors	10	-	-	10	9	1	90,0%	6	2
Agency and support / outsources services	-	-	-	-	-	-	-	10	-
Fleet services (including government motor transport)	166	236	-	402	408	(6)	101,5%	229	248
Inventory: Food and food supplies	15	-	-	15	6	9	40,0%	12	12
Inventory: Medical supplies	-	-	-	-	-	-	-	5	-

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Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Consumable supplies	50	-	-	50	-	50		3	1
Consumable: Stationery, printing and office supplies	260	-	-	260	59	201	22,7%	240	211
Operating leases	55	-	-	55	40	15	72,7%	70	57
Travel and subsistence	3 652	100	-	3 752	4 594	(842)	122,4%	2 872	2 627
Operating payments	117	-	-	117	1	116	0,9%	38	26
Venues and facilities	150	-	-	150	19	131	12,7%	-	7
<b>Transfers and subsidies</b>	<b>35</b>	<b>1</b>	-	<b>36</b>	<b>36</b>	-	<b>100,0%</b>	<b>3</b>	<b>3</b>
Departmental agencies and accounts	-	-	-	-	-	-		3	3
Departmental agencies (non-business entities)	-	-	-	-	-	-		3	3
Households	35	1	-	36	36	-	100,0%	-	-
Social benefits	35	1	-	35	35	-	100,0%	-	-
Other transfer to households	-	1	-	1	1	-	100,0%	-	-
<b>Payments for capital assets</b>	<b>104</b>	-	-	<b>104</b>	<b>11</b>	<b>93</b>	<b>10,6%</b>	<b>297</b>	<b>101</b>
Machinery and equipment	104	-	-	104	11	93	10,6%	297	101
Other machinery and equipment	104	-	-	104	11	93	10,6%	297	101
<b>Total</b>	<b>25 666</b>	<b>437</b>	-	<b>26 103</b>	<b>24 603</b>	<b>1 500</b>	<b>94,3%</b>	<b>23 193</b>	<b>22 319</b>

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
<b>Current payments</b>	<b>246 843</b>	<b>1 076</b>	-	<b>247 919</b>	<b>224 718</b>	<b>23 201</b>	<b>90,6%</b>	<b>237 480</b>	<b>226 564</b>
Compensation of employees	139 728	1 492	-	141 220	141 219	1	100,0%	134 654	134 316
Salaries and wages	121 892	1 492	-	123 384	121 475	1 909	98,5%	117 258	115 608
Social contributions	17 836	-	-	17 836	19 744	(1 908)	110,7%	17 396	18 708
Goods and services	107 115	(416)	-	106 699	83 499	23 200	78,3%	102 826	92 248
Administrative fees	-	-	-	-	18	(18)		404	2
Advertising	4 829	(155)	-	4 674	4 122	552	88,2%	10 940	10 575

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**1.3 Corporate Services**

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Minor assets	1 212	(401)	-	811	421	390	51,9%	1 709	453
Bursaries: Employees	1 500	-	-	1 500	921	579	61,4%	1 500	692
Catering: Departmental activities	425	(3)	-	422	188	234	44,5%	385	245
Communication (G&S)	7 752	564	-	8 316	6 800	1 516	81,8%	7 014	6 152
Computer services	34 123	8 939	-	43 062	38 979	4 083	90,5%	35 765	36 671
Consultants: Business and advisory services	10 322	(2 410)	-	7 912	1 790	6 122	22,6%	4 364	4 114
Legal services	6 253	(2 000)	-	4 253	3 718	535	87,4%	6 935	6 713
Contractors	4 310	(1 573)	-	2 737	1 817	920	66,4%	1 438	1 000
Agency and support / outsourced services	56	(11)	-	45	44	1	97,8%	107	86
Entertainment	-	-	-	-	-	-	-	3	-
Fleet services (including government motor transport)	2 219	(207)	-	2 012	1 960	52	97,4%	2 497	1 624
Inventory: Clothing material and accessories	350	-	-	350	265	85	75,7%	360	7
Inventory: Food and food supplies	83	-	-	83	14	69	16,9%	73	29
Inventory: Fuel, oil and gas	95	-	-	95	1	94	1,1%	62	2
Inventory: Other supplies	310	(300)	-	10	-	10	-	310	2
Consumable supplies	635	(86)	-	549	372	177	67,8%	865	890
Consumable: Stationery, printing and office supplies	10 738	(1 763)	-	8 975	7 303	1 672	81,4%	9 107	7 320
Operating leases	1 510	(133)	-	1 377	1 043	334	75,7%	1 543	1 147
Property payments	4 659	424	-	5 083	5 187	(104)	102,0%	4 106	4 048
Travel and subsistence	6 415	(764)	-	5 651	4 788	863	84,7%	5 392	4 091
Training and development	6 332	-	-	6 332	2 932	3 400	46,3%	5 710	4 833
Operating payments	2 557	(537)	-	2 020	589	1 431	29,2%	1 907	1 167
Venues and facilities	430	-	-	430	227	203	52,8%	330	385
<b>Transfers and subsidies</b>	<b>3 066</b>	<b>416</b>	-	<b>3 482</b>	<b>3 058</b>	<b>424</b>	<b>87,8%</b>	<b>2 737</b>	<b>2 737</b>
Departmental agencies and accounts	2 911	-	-	2 911	2 487	424	85,4%	2 259	2 259
Departmental agencies (non-business entities)	2 911	-	-	2 911	2 487	424	85,4%	2 259	2 259
Households	155	416	-	571	571	-	100,0%	478	478
Social benefits	155	416	-	571	571	-	100,0%	478	478
<b>Payments for capital assets</b>	<b>4 619</b>	<b>-</b>	<b>-</b>	<b>4 619</b>	<b>2 306</b>	<b>2 313</b>	<b>49,9%</b>	<b>3 341</b>	<b>1 735</b>

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	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
Machinery and equipment	4 619	-	-	4 619	2 306	2 313	49,9%	3 341	1 735
Other machinery and equipment	4 619	-	-	4 619	2 306	2 313	49,9%	3 341	1 735
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	76	76
<b>Total</b>	<b>254 528</b>	<b>1 492</b>	<b>-</b>	<b>256 020</b>	<b>230 082</b>	<b>25 938</b>	<b>89,9%</b>	<b>243 634</b>	<b>231 112</b>

**1.4 Office Accommodation**

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>150 912</b>	<b>-</b>	<b>(13 000)</b>	<b>137 912</b>	<b>136 338</b>	<b>1 574</b>	<b>98,9%</b>	<b>150 179</b>	<b>147 103</b>
Goods and services	150 912	-	(13 000)	137 912	136 338	1 574	98,9%	150 179	147 103
Minor assets	500	-	(500)	-	-	-	-	-	-
Contractors	-	-	-	-	484	(484)	-	1 307	1 205
Consumable supplies	45	(45)	-	-	18	(18)	-	-	-
Operation leases	140 917	(23 025)	(8 700)	109 192	108 322	870	99,2%	122 790	121 782
Property payments	9 450	23 070	(3 800)	28 720	27 514	1 206	95,8%	26 082	24 116
<b>Total</b>	<b>150 912</b>	<b>-</b>	<b>(13 000)</b>	<b>137 912</b>	<b>136 338</b>	<b>1 574</b>	<b>98,9%</b>	<b>150 179</b>	<b>147 103</b>

**1.5 Financial Management**

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>74 628</b>	<b>(1 501)</b>	<b>-</b>	<b>73 127</b>	<b>51 638</b>	<b>21 489</b>	<b>70,6%</b>	<b>51 077</b>	<b>51 078</b>
Compensation of employees	30 515	(1 492)	-	29 023	27 808	1 215	95,8%	26 723	26 723
Salaries and wages	26 549	(1 492)	-	25 057	24 211	846	96,6%	23 380	23 322
Social contributions	3 966	-	-	3 966	3 597	369	90,7%	3 343	3 401
Goods and services	44 113	(9)	-	44 104	23 830	20 274	54,0%	24 354	24 355
Administrative fees	460	-	-	460	107	353	23,3%	-	108

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Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Advertising	20	-	-	20	-	20	-	19	-
Minor assets	220	-	-	220	-	220	-	32	5
Audit costs: External	32 220	-	-	32 220	17 198	15 022	53,4%	22 197	22 197
Catering: Departmental activities	82	-	-	82	5	77	6,1%	38	38
Communication (G&S)	115	-	-	115	113	2	98,3%	107	102
Consultants: Business and advisory services	6 315	1 638	-	7 953	4 633	3 320	58,3%	255	226
Legal services	-	-	-	-	-	-	-	5	-
Contractors	25	-	-	25	2	23	8,0%	5	-
Fleet services (including government motor transport)	144	(9)	-	135	134	1	99,3%	45	35
Inventory: Food and food supplies	15	-	-	15	6	9	40,0%	11	8
Consumable supplies	20	-	-	20	-	20	-	7	1
Consumable: Stationery, printing and office supplies	418	(45)	-	373	5	368	1,3%	314	261
Operating leases	80	-	-	80	21	59	26,3%	59	39
Travel and subsistence	3 868	(1 593)	-	2 275	1 574	701	69,2%	1 260	1 335
Training and development	6	-	-	6	-	6	-	-	-
Operating payments	60	-	-	60	32	28	53,3%	-	-
Venues and facilities	45	-	-	45	-	45	-	-	-
<b>Transfers and subsidies</b>	<b>4</b>	<b>9</b>	-	<b>13</b>	<b>14</b>	<b>(1)</b>	<b>107,7%</b>	<b>-</b>	<b>-</b>
Households	4	9	-	13	14	(1)	107,7%	-	-
Social benefits	4	3	-	7	8	(1)	114,3%	-	-
Other transfers to households	-	6	-	6	6	-	100,0%	-	-
<b>Payments for capital assets</b>	<b>191</b>	<b>-</b>	<b>-</b>	<b>191</b>	<b>34</b>	<b>157</b>	<b>17,8%</b>	<b>618</b>	<b>56</b>
Machinery and equipment	191	-	-	191	34	157	17,8%	618	56
Other machinery and equipment	191	-	-	191	34	157	17,8%	618	56
<b>Total</b>	<b>74 823</b>	<b>(1 492)</b>	<b>-</b>	<b>73 331</b>	<b>51 686</b>	<b>21 645</b>	<b>70,5%</b>	<b>51 695</b>	<b>51 134</b>

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Programme 2: National Health Insurance, Health Planning and Systems Enablement									
	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Programme Management	4 649	(155)	-	4 494	4 185	309	93,1%	3 981	3 328
2. Technical Policy and Planning	19 377	(929)	-	18 448	13 827	4 621	75,0%	94 662	92 751
3. Health Information Management, Monitoring and Evaluation	60 048	929	-	60 977	54 327	6 650	89,1%	57 400	56 041
4. Sector-Wide Procurement	47 925	1 219	44 000	93 144	76 706	16 438	82,4%	132 236	39 453
5. Health Financing and National Health Insurance	1 630 193	(1 219)	-	1 628 974	1 109 648	519 326	68,1%	553 276	567 004
6. International Health and Development	86 007	155	-	86 162	75 298	10 864	87,4%	83 399	82 963
<b>Total for sub programmes</b>	<b>1 848 199</b>	<b>-</b>	<b>44 000</b>	<b>1 892 199</b>	<b>1 333 991</b>	<b>558 208</b>	<b>70,5%</b>	<b>924 954</b>	<b>841 540</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>1 535 147</b>	<b>(37)</b>	<b>74 048</b>	<b>1 609 158</b>	<b>1 214 941</b>	<b>394 217</b>	<b>75,5%</b>	<b>812 688</b>	<b>770 619</b>
Compensation of employees	116 693	-	-	116 693	113 093	3 600	96,9%	107 256	106 023
Salaries and wages	104 146	-	-	104 146	100 629	3 517	96,6%	95 645	94 412
Social contributions	12 547	-	-	12 547	12 464	83	99,3%	11 611	11 611
Goods and services	1 418 454	(37)	74 048	1 492 465	1 101 848	390 617	73,8%	705 432	664 596
Administrative fees	55	(40)	-	15	7	8	46,7%	45	5
Advertising	2 950	(2 475)	-	475	96	379	20,2%	306	267
Minor assets	2 384	9 889	-	12 273	4 154	8 119	33,8%	71 833	4 235
Catering: Departmental activities	1 225	(150)	-	1 075	492	583	45,8%	800	604
Communication (G&S)	4 970	(4 090)	-	880	642	238	73,0%	869	659
Computer services	55 499	(4 608)	-	50 891	25 199	25 692	49,5%	17 515	4 053
Consultants: Business and advisory services	92 822	5 515	30 048	128 385	107 031	21 354	83,4%	28 335	34 865
Contractors	747 960	(1 590)	-	746 370	493 510	252 860	66,1%	510 904	551 276
Agency and support / outsourced services	350 020	2 000	-	352 020	344 240	7 780	97,8%	20	-
Entertainment	15	-	-	15	14	1	93,3%	5	12
Fleet services (including government motor transport)	3 565	709	-	4 274	9 931	(5 657)	232,4%	1 906	1 678
Inventory: Food and food supplies	103	(16)	-	87	16	71	18,4%	58	32



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Programme 2: National Health Insurance, Health Planning and Systems Enablement												
	Adjusted Appropriation			Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	2018/19		2017/18	
	R'000	R'000	R'000						R'000	R'000	Expenditure as % of final appropriation	Final Appropriation
Inventory: Fuel, oil and gas	6	-	6	-	-	6	37	(31)	616,7%	2	1	
Inventory: Medicine	5	-	44 000	-	44 005	43 986	19	19	100,0%	3	-	
Consumable supplies	50 496	(240)	-	-	50 256	567	49 689	49 689	1,1%	1 075	676	
Consumable: Stationery, printing and office supplies	3 565	(455)	-	-	3 110	741	2 369	2 369	23,8%	1 705	1 482	
Operating leases	13 027	(1 886)	-	-	11 141	10 179	962	962	91,4%	11 900	8 011	
Property payments	20	-	-	-	20	-	20	20	-	-	-	
Travel and subsistence	40 294	(1 764)	-	-	38 530	25 790	12 740	12 740	66,9%	24 058	25 173	
Training and development	1 926	-	-	-	1 926	492	1 434	1 434	25,5%	-	-	
Operating payments	42 404	(1 310)	-	-	41 094	29 639	11 455	11 455	72,1%	30 801	29 736	
Venues and facilities	5 123	474	-	-	5 597	5 072	525	525	90,6%	3 272	1 818	
Rental and hiring	20	-	-	-	20	13	7	7	65,0%	20	13	
<b>Transfers and subsidies</b>	<b>30 074</b>	<b>37</b>	<b>(30 048)</b>	<b>-</b>	<b>63</b>	<b>63</b>	<b>-</b>	<b>-</b>	<b>100,0%</b>	<b>28 725</b>	<b>323</b>	
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	3	3	
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-	3	3	
Non-profit institutions	30 048	-	(30 048)	-	-	-	-	-	-	28 401	-	
Households	26	37	-	-	63	63	-	-	100,0%	321	320	
Social benefits	26	37	-	-	63	63	-	-	100,0%	321	320	
<b>Payments for capital assets</b>	<b>282 978</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>282 978</b>	<b>118 987</b>	<b>163 991</b>	<b>163 991</b>	<b>42,0%</b>	<b>83 526</b>	<b>70 583</b>	
Machinery and equipment	282 978	-	-	-	282 978	118 987	163 991	163 991	42,0%	78 526	70 583	
Other machinery and equipment	282 978	-	-	-	282 978	118 987	163 991	163 991	42,0%	78 526	70 583	
Software and other intangible assets	-	-	-	-	-	-	-	-	-	5 000	-	
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15</b>	<b>15</b>	
<b>Total</b>	<b>1 848 199</b>	<b>-</b>	<b>44 000</b>	<b>-</b>	<b>1 892 199</b>	<b>1 333 991</b>	<b>558 208</b>	<b>558 208</b>	<b>70,5%</b>	<b>924 954</b>	<b>841 540</b>	

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2.1 Programme Management	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>4 416</b>	<b>(155)</b>	-	<b>4 261</b>	<b>3 959</b>	<b>302</b>	<b>92,9%</b>	<b>3 348</b>	<b>3 202</b>
Compensation of employees	3 816	(155)	-	3 661	365	296	91,9%	2 969	2 969
Salaries and wages	3 363	(155)	-	3 208	2 967	241	92,5%	2 789	2 596
Social contributions	453	-	-	453	398	55	87,9%	180	373
Goods and services	600	-	-	600	594	6	99,0%	379	233
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	5	-	-	5	-	5	-	-	-
Minor assets	14	-	-	14	-	14	-	-	-
Catering: Departmental activities	5	-	-	5	-	5	-	-	-
Communication (G&S)	30	-	-	30	32	(2)	106,7%	-	40
Consultants: Business and advisory services	-	-	-	-	-	-	-	200	-
Fleet services (including government motor transport)	13	-	-	13	12	1	92,3%	-	1
Inventory: Food and food supplies	10	-	-	10	2	8	20,0%	-	3
Consumable: Stationery, printing and office supplies	16	-	-	16	-	16	-	-	2
Travel and subsistence	489	-	-	489	548	(59)	112,1%	179	187
Venues and facilities	18	-	-	18	-	18	-	-	-
<b>Payments for capital assets</b>	<b>233</b>	-	-	<b>233</b>	<b>226</b>	<b>7</b>	<b>97,0%</b>	<b>633</b>	<b>126</b>
Machinery and equipment	233	-	-	233	226	7	97,0%	633	126
Other machinery and equipment	233	-	-	233	226	7	97,0%	633	126
<b>Total</b>	<b>4 649</b>	<b>(155)</b>	-	<b>4 494</b>	<b>4 185</b>	<b>309</b>	<b>93,1%</b>	<b>3 981</b>	<b>3 328</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

2.2 Technical Policy and Planning		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>		<b>19 377</b>	<b>(929)</b>	<b>-</b>	<b>18 448</b>	<b>13 827</b>	<b>4 621</b>	<b>75,0%</b>	<b>24 337</b>	<b>22 431</b>
Compensation of employees		13 277	(929)	-	12 348	11 913	435	96,5%	12 405	12 405
Salaries and wages		11 855	(929)	-	10 926	10 520	406	96,3%	10 958	10 977
Social contributions		1 422	-	-	1 422	1 393	29	98,0%	1 447	1 428
Goods and services		6 100	-	-	6 100	1 914	4 186	31,4%	11 932	10 026
Administrative fees		50	(40)	-	10	-	10	-	5	-
Advertising		135	(115)	-	20	-	20	-	15	-
Minor assets		305	(205)	-	100	34	66	34,0%	4 873	3 973
Catering: Departmental activities		260	(150)	-	110	64	46	58,2%	170	110
Communication (G&S)		190	(90)	-	100	108	(8)	108,0%	160	46
Consultants: Business and advisory services		1 060	(230)	-	830	170	660	20,5%	510	577
Contractors		10	-	-	10	-	10	-	-	-
Fleet services (including government motor transport)		-	1 090	-	1 090	21	1 069	1,9%	497	370
Inventory: Food and food supplies		30	(16)	-	14	3	11	21,4%	22	5
Inventory: Fuel, oil and gas		-	-	-	-	-	-	-	1	1
Consumable supplies		65	(40)	-	25	2	23	8,0%	918	655
Consumable: Stationery, printing and office supplies		865	(535)	-	330	117	213	35,5%	637	786
Operating leases		290	(100)	-	190	138	52	72,6%	150	137
Travel and subsistence		2 464	96	-	2 560	964	1 596	37,7%	3 434	2 765
Operating payments		126	75	-	201	188	13	93,5%	385	238
Venues and facilities		250	260	-	510	105	405	20,6%	155	363
<b>Transfers and subsidies</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>127</b>	<b>127</b>
Departmental agencies and accounts		-	-	-	-	-	-	-	3	3
Departmental agencies (non-business entities)		-	-	-	-	-	-	-	3	3
Households		-	-	-	-	-	-	-	124	124
Social benefits		-	-	-	-	-	-	-	124	124
<b>Payments for capital assets</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>70 188</b>	<b>70 183</b>
Machinery and equipment		-	-	-	-	-	-	-	70 188	70 183
Other machinery and equipment		-	-	-	-	-	-	-	70 188	70 183
<b>Payments for financial assets</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10</b>	<b>10</b>
<b>Total</b>		<b>19 377</b>	<b>(929)</b>	<b>-</b>	<b>18 448</b>	<b>13 827</b>	<b>4 621</b>	<b>75,0%</b>	<b>94 662</b>	<b>92 751</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>30 000</b>	<b>929</b>	<b>30 048</b>	<b>60 977</b>	<b>54 327</b>	<b>6 650</b>	<b>89,1%</b>	<b>28 982</b>	<b>56 005</b>
Compensation of employees	21 770	929	-	22 699	22 699	-	100,0%	20 092	20 092
Salaries and wages	18 787	929	-	19 716	19 771	(55)	100,3%	17 246	17 559
Social contributions	2 983	-	-	2 983	2 928	55	98,2%	2 846	2 533
Goods and services	8 230	-	30 048	38 278	31 628	6 650	82,6%	8 870	35 913
Administrative fees	-	-	-	-	-	-	-	20	-
Advertising	70	-	-	70	-	70	-	170	118
Minor assets	248	-	-	248	1	247	0,4%	198	33
Catering: Departmental activities	100	-	-	100	51	49	51,0%	200	155
Communication (G&S)	70	-	-	70	50	20	71,4%	62	53
Computer services	335	-	-	335	302	33	90,1%	235	202
Consultants: Business and advisory services	4 200	-	30 048	34 248	28 460	5 788	83,1%	4 121	32 677
Contractors	-	-	-	-	-	-	-	8	-
Agency and support / outsourced services	20	-	-	20	-	20	-	20	-
Fleet services (including government motor transport)	400	-	-	400	441	(41)	110,3%	432	458
Inventory: Food and food supplies	20	-	-	20	4	16	20,0%	10	9
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	-	-
Consumable supplies	70	-	-	70	1	69	1,4%	56	2
Consumable: Stationery, printing and office supplies	320	-	-	320	29	291	9,1%	233	156
Operating leases	380	-	-	380	180	200	47,4%	260	255
Travel and subsistence	1 764	-	-	1 764	1 719	45	97,4%	2 655	1 685
Operating payments	133	-	-	133	-	133	-	120	48
Venues and facilities	100	-	-	100	389	(289)	389,0%	70	62
<b>Transfers and subsidies</b>	<b>30 048</b>	<b>-</b>	<b>30 048</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>28 438</b>	<b>36</b>
Non-profit institutions	30 048	-	30 048	-	-	-	-	28 401	-
Households	-	-	-	-	-	-	-	37	36
Social benefits	-	-	-	-	-	-	-	37	36
<b>Total</b>	<b>60 048</b>	<b>929</b>	<b>-</b>	<b>60 977</b>	<b>54 327</b>	<b>6 650</b>	<b>89,1%</b>	<b>57 400</b>	<b>56 041</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2018

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>45 836</b>	<b>1 219</b>	<b>44 000</b>	<b>91 055</b>	<b>76 655</b>	<b>14 400</b>	<b>84,2%</b>	<b>125 179</b>	<b>39 296</b>
Compensation of employees	23 250	1 219	-	24 469	4 469	-	100,0%	22 938	21 705
Salaries and wages	20 309	1 219	-	21 528	21 348	180	99,2%	19 933	18 798
Social contributions	2 941	-	-	2 941	3 121	(180)	106,1%	3 005	2 907
Goods and services	22 586	-	44 000	66 586	52 186	14 400	78,4%	102 241	17 591
Advertising	-	-	-	-	-	-	-	35	-
Minor assets	50	-	-	50	1	49	2,0%	66 327	118
Catering: Departmental activities	295	-	-	295	151	144	51,2%	225	212
Communication (G&S)	70	-	-	70	66	4	94,3%	65	44
Computer services	9 087	1 100	-	10 187	358	9 829	3,5%	17 270	3 825
Consultants: Business and advisory services	1 082	-	-	1 082	642	440	59,3%	905	1 298
Contractors	100	-	-	100	68	32	68,0%	102	71
Fleet services (including government motor transport)	146	10	-	156	107	49	68,6%	229	195
Inventory: Food and food supplies	10	-	-	10	2	8	20,0%	7	4
Inventory: Medicine	-	-	44 000	44 000	43 986	14	100,0%	-	-
Consumable supplies	5	-	-	5	3	2	60,0%	28	4
Consumable: Stationery, printing and office supplies	664	-	-	664	67	597	10,1%	125	116
Operating leases	200	-	-	200	107	93	53,5%	11 200	7 307
Travel and subsistence	6 303	(1 760)	-	4 543	3 015	1 528	66,4%	4 518	4 053
Training and development	963	-	-	963	-	963	-	-	-
Operating payments	2 565	465	-	3 030	2 422	608	79,9%	605	99
Venues and facilities	1 046	185	-	1 231	1 191	40	96,8%	600	245
<b>Payments for capital assets</b>	<b>2 089</b>	<b>-</b>	<b>-</b>	<b>2 089</b>	<b>51</b>	<b>2 038</b>	<b>2,4%</b>	<b>7 052</b>	<b>152</b>
Machinery and equipment	2 089	-	-	2 089	51	2 038	2,4%	7 052	152
Other machinery and equipment	2 089	-	-	2 089	51	2 038	2,4%	7 052	152
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5</b>	<b>5</b>
<b>Total</b>	<b>47 925</b>	<b>1 219</b>	<b>44 000</b>	<b>93 144</b>	<b>76 706</b>	<b>16 438</b>	<b>82,4%</b>	<b>132 236</b>	<b>39 453</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

2.5 Health Financing and National Health Insurance		2018/19					2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>1 349 661</b>	<b>(1 256)</b>	-	<b>1 348 405</b>	<b>990 907</b>	<b>357 498</b>	<b>73,5%</b>	<b>548 078</b>	<b>566 901</b>
Compensation of employees	19 840	(1 219)	-	18 621	15 752	2 869	84,6%	15 170	15 170
Salaries and wages	18 107	(1 219)	-	16 888	13 946	2 942	82,6%	13 750	13 410
Social contributions	1 733	-	-	1 733	1 806	(73)	104,2%	1 420	1 760
Goods and services	1 329 821	(37)	-	1 329 784	975 155	354 629	73,3%	532 908	551 731
Advertising	2 510	(2 360)	-	150	-	150	-	-	-
Minor assets	1 305	10 204	-	11 509	4 117	7 392	35,8%	83	38
Catering: Departmental activities	465	-	-	465	112	353	24,1%	105	71
Communication (G&S)	4 150	(4 000)	-	150	64	86	42,7%	122	123
Computer services	46 030	(5 708)	-	40 322	24 539	15 783	60,9%	-	-
Consultants: Business and advisory services	86 450	5 745	-	92 195	77 759	14 436	84,3%	22 369	209
Contractors	745 780	-	-	745 780	493 144	252 636	66,1%	506 874	548 594
Agency and support / outsourced services	350 000	500	-	350 500	343 005	7 495	97,9%	-	-
Fleet services (including government motor transport)	2 326	(391)	-	1 935	9 069	(7 134)	468,7%	58	69
Inventory: Food and food supplies	23	-	-	23	2	21	8,7%	11	8
Inventory: Fuel, oils and gas	-	-	-	-	3	(3)	-	-	-
Consumable supplies	50 270	(200)	-	50 070	517	49 553	1,0%	8	3
Consumable: Stationery, printing and office supplies	1 125	80	-	1 205	501	704	41,6%	135	214
Operating leases	12 005	(1 786)	-	10 219	9 685	534	94,8%	158	184
Property payments	20	-	-	20	-	20	-	-	-
Travel and subsistence	14 594	-	-	14 594	8 304	6 290	56,9%	2 573	1 855
Training and development	963	-	-	963	492	471	51,1%	-	-
Operating payments	8 965	(1 950)	-	7 015	1 432	5 583	20,4%	82	33
Venues and facilities	2 840	(171)	-	2 669	2 410	259	90,3%	330	330
<b>Transfers and subsidies</b>	<b>-</b>	<b>37</b>	-	<b>37</b>	<b>37</b>	<b>-</b>	<b>100,0%</b>	<b>-</b>	<b>-</b>
Households	-	37	-	37	37	-	100,0%	-	-
Social benefits	-	37	-	37	37	-	100,0%	-	-
<b>Payments for capital assets</b>	<b>280 532</b>	<b>-</b>	-	<b>280 532</b>	<b>118 704</b>	<b>161 828</b>	<b>42,3%</b>	<b>5 198</b>	<b>103</b>
Machinery and equipment	280 532	-	-	280 532	118 704	161 828	42,3%	198	103
Other machinery and equipment	280 532	-	-	280 532	118 704	161 828	42,3%	198	103
Software and other intangible assets	-	-	-	-	-	-	-	5 000	-
<b>Total</b>	<b>1 630 193</b>	<b>(1 219)</b>	<b>-</b>	<b>1 628 974</b>	<b>1 109 648</b>	<b>519 326</b>	<b>68,1%</b>	<b>553 276</b>	<b>567 004</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019  
2.6 International Health and Development

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>									
Compensation of employees	85 857	155	-	86 012	75 266	10 746	87,5%	82 784	82 784
Salaries and wages	34 740	155	-	34 895	34 895	-	100,0%	33 682	33 682
Social contributions	31 725	155	-	31 880	32 077	(197)	100,6%	30 969	31 072
Goods and services	3 015	-	-	3 015	2 818	197	93,5%	2 713	2 610
Administrative fees	51 117	-	-	51 117	40 371	10 746	79,0%	49 102	49 102
Advertising	5	-	-	5	7	(2)	140,0%	20	5
Minor assets	230	-	-	230	96	134	41,7%	86	149
Catering: Departmental activities	462	(110)	-	352	1	351	0,3%	352	73
Communication (G&S)	100	-	-	100	114	(14)	114,0%	100	56
Computer services	460	-	-	460	322	138	70,0%	460	353
Consultants: Business and advisory services	47	-	-	47	-	47	-	10	26
Contractors	30	-	-	30	-	30	-	230	104
Agency and support / outsourced services	2 070	(1 590)	-	480	298	182	62,1%	3 920	2 611
Entertainment	-	1 500	-	1 500	1 235	265	82,3%	-	-
Fleet services (including government motor transport)	15	-	-	15	14	1	93,3%	5	12
Inventory: Food and food supplies	680	-	-	680	281	399	41,3%	690	585
Inventory: Fuel, oil and gas	10	-	-	10	3	7	30,0%	8	3
Inventory: Medicine	6	-	-	6	33	(27)	550,0%	1	-
Consumable supplies	5	-	-	5	-	5	-	3	-
Consumable: Stationery, printing and office supplies	86	-	-	86	44	42	51,2%	65	12
Operating leases	575	-	-	575	27	548	4,7%	575	208
Travel and subsistence	14 680	(100)	-	14 580	11 240	3 340	77,1%	10 699	14 628
Operating payments	30 615	100	-	30 715	25 597	5 118	83,3%	29 609	29 318
Venues and facilities	869	200	-	1 069	977	92	91,4%	2 117	818
Rental and hiring	20	-	-	20	13	7	65,0%	20	13
<b>Transfers and subsidies</b>	<b>26</b>	-	-	<b>26</b>	<b>26</b>	-	<b>100,0%</b>	<b>160</b>	<b>160</b>
Households	26	-	-	26	26	-	100,0%	160	160
Social benefits	26	-	-	26	26	-	100,0%	160	160
<b>Payments for capital assets</b>	<b>124</b>	-	-	<b>124</b>	<b>6</b>	<b>118</b>	<b>4,8%</b>	<b>455</b>	<b>19</b>
Machinery and equipment	124	-	-	124	6	118	4,8%	455	19
Other machinery and equipment	124	-	-	124	6	118	4,8%	455	19
<b>Total</b>	<b>86 007</b>	<b>155</b>	<b>-</b>	<b>86 162</b>	<b>75 298</b>	<b>10 864</b>	<b>87,4%</b>	<b>83 399</b>	<b>82 963</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Programme 3: HIV and AIDS, Tuberculosis, Maternal and Child Health										
	2018/19					2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
1. Programme Management	5 409	-	-	5 409	5 094	315	94,2%	6 465	5 293	
2. HIV and AIDS	20 411 530	-	(15 000)	20 396 530	20 336 854	59 676	99,7%	18 024 381	18 014 119	
3. Tuberculosis	25 240	-	-	25 240	21 646	3 594	85,8%	26 291	25 541	
4. Women's Maternal and Reproductive Health	17 907	-	-	17 907	14 283	3 624	79,8%	15 722	14 230	
5. Child, Youth and School Health	253 971	-	-	253 971	248 948	5 023	98,0%	222 451	220 758	
<b>Total for sub programmes</b>	<b>20 714 057</b>	<b>-</b>	<b>(15 000)</b>	<b>20 699 057</b>	<b>20 626 825</b>	<b>72 232</b>	<b>99,7%</b>	<b>18 295 310</b>	<b>18 279 941</b>	
<b>Economic classification</b>										
<b>Current payments</b>	<b>412 119</b>	<b>(661)</b>	<b>(15 000)</b>	<b>396 458</b>	<b>329 163</b>	<b>67 295</b>	<b>83,0%</b>	<b>521 058</b>	<b>516 594</b>	
Compensation of employees	84 413	-	1 537	85 950	80 509	5 441	93,7%	77 828	76 350	
Salaries and wages	73 732	-	1 537	75 269	70 714	4 555	93,9%	68 745	66 969	
Social contributions	10 681	-	-	10 681	9 795	886	91,7%	9 083	9 381	
Goods and services	327 706	(661)	(16 537)	310 508	248 654	61 854	80,1%	443 230	440 244	
Administrative fees	12	-	-	12	1	11	8,3%	-	2	
Advertising	1 325	(660)	-	665	24	641	3,6%	469	468	
Minor assets	881	(419)	-	462	27	435	5,8%	763	261	
Catering: Departmental activities	330	1 195	-	1 525	1 362	163	89,3%	484	362	
Communication (G&S)	967	(100)	-	867	755	112	87,1%	1 347	1 290	
Computer services	20	-	-	20	-	20	-	-	-	
Consultants: Business and advisory services	144 725	(1 304)	(10 537)	132 884	90 290	42 594	67,9%	115 081	115 069	
Contractors	250	5 428	-	5 678	5 691	(13)	100,2%	16	8	
Agency and support / outsourced services	-	6	-	6	-	6	-	31 616	31 605	
Fleet services (including government motor transport)	30 215	680	-	30 895	30 593	302	99,0%	58 859	60 061	
Inventory: Food and food supplies	40	-	-	40	10	30	25,0%	53	20	
Inventory: Fuel, oil and gas	21	-	-	21	5	16	23,8%	35	7	
Inventory: Medical supplies	89 199	80	(6 000)	83 279	73 021	10 258	87,7%	81 428	81 428	
Inventory: Medicine	-	-	-	-	-	-	-	86 711	86 407	
Consumable supplies	19	500	-	519	-	519	-	57	33	
Consumable: Stationery, printing and office supplies	1 252	(525)	-	727	94	633	12,9%	1 358	830	



Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating leases	768	(403)	-	365	227	138	62,2%	452	303
Travel and subsistence	16 888	2 652	-	19 540	15 836	3 704	81,0%	17 022	16 885
Operating payments	40 325	(7 841)	-	32 484	29 879	2 605	92,0%	45 151	42 877
Venues and facilities	469	-	-	469	835	(366)	178,0%	2 328	2 328
Rental and hiring	-	50	-	50	4	46	8,0%	-	-
<b>Transfers and subsidies</b>	<b>20 301 571</b>	<b>661</b>	-	<b>20 302 232</b>	<b>20 297 538</b>	<b>4 694</b>	<b>100,0%</b>	<b>17 757 951</b>	<b>17 748 031</b>
Provinces and municipalities	20 121 697	-	-	20 121 697	20 121 697	-	100,0%	17 577 737	17 577 737
Provinces	20 121 697	-	-	20 121 697	20 121 697	-	100,0%	17 577 737	17 577 737
Provincial Revenue Funds	20 121 697	-	-	20 121 697	20 121 697	-	100,0%	17 577 737	17 577 737
Departmental agencies and accounts	17 108	-	-	17 108	17 108	-	100,0%	17 547	17 547
Departmental agencies	17 108	-	-	17 108	17 108	-	100,0%	17 547	17 547
Non-profit institutions	162 730	-	-	162 730	158 036	4 694	97,1%	162 376	152 456
Households	36	661	-	697	697	-	100,0%	291	291
Social benefits	36	661	-	697	697	-	100,0%	291	291
<b>Payments for capital assets</b>	<b>367</b>	<b>-</b>	<b>-</b>	<b>367</b>	<b>124</b>	<b>243</b>	<b>33,8%</b>	<b>16 267</b>	<b>15 282</b>
Machinery and equipment	367	-	-	367	124	243	33,8%	16 267	15 282
Other machinery and equipment	367	-	-	367	124	243	33,8%	16 267	15 282
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>34</b>	<b>34</b>
<b>Total</b>	<b>20 714 057</b>	<b>-</b>	<b>(15 000)</b>	<b>20 699 057</b>	<b>20 626 825</b>	<b>72 232</b>	<b>99,7%</b>	<b>18 295 310</b>	<b>18 279 941</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>5 042</b>	-	-	<b>5 042</b>	<b>4 970</b>	<b>72</b>	<b>98,6%</b>	<b>5 198</b>	<b>4 851</b>
Compensation of employees	3 823	-	-	3 823	3 783	40	99,0%	3 883	3 536
Salaries and wages	3 440	-	-	3 440	3 322	118	96,6%	3 465	3 104
Social contributions	383	-	-	383	461	(78)	120,4%	418	432
Goods and services	1 219	-	-	1 219	1 187	32	97,4%	1 315	1 315
Administrative fees	12	-	-	12	-	12	-	-	-
Minor assets	57	-	-	57	-	57	-	39	22
Communication (G&S)	10	-	-	10	17	(7)	170,0%	7	14
Computer services	20	-	-	20	-	20	-	-	-
Fleet services (including government motor transport)	-	-	-	-	81	(81)	-	189	124
Inventory: Food and food supplies	-	-	-	-	1	(1)	-	7	2
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	-	-
Inventory: Medical supplies	-	-	-	-	-	-	-	4	-
Consumable supplies	-	-	-	-	-	-	-	5	5
Consumable: Stationery, printing and office supplies	25	-	-	25	34	(9)	136,0%	88	25
Operating leases	45	-	-	45	36	9	80,0%	60	43
Travel and subsistence	1 015	-	-	1 015	1 017	(2)	100,2%	916	977
Operating payments	35	-	-	35	-	35	-	-	-
Venues and facilities	-	-	-	-	-	-	-	-	103
<b>Payments for capital assets</b>	<b>367</b>	-	-	<b>367</b>	<b>124</b>	<b>243</b>	<b>33,8%</b>	<b>1 267</b>	<b>442</b>
Machinery and equipment	367	-	-	367	124	243	33,8%	1 267	442
Other machinery and equipment	367	-	-	367	124	243	33,8%	1 267	442
<b>Total</b>	<b>5 409</b>	-	-	<b>5 409</b>	<b>5 094</b>	<b>315</b>	<b>94,2%</b>	<b>6 465</b>	<b>5 293</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2018

	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>309 977</b>	<b>(653)</b>	<b>(15 000)</b>	<b>294 324</b>	<b>239 342</b>	<b>54 982</b>	<b>81,3%</b>	<b>266 699</b>	<b>266 357</b>
Compensation of employees	35 189	-	1 537	36 726	36 726	-	100,0%	35 775	35 775
Salaries and wages	30 482	-	1 537	32 019	32 065	(46)	100,1%	31 768	31 165
Social contributions	4 707	-	-	4 707	4 661	46	99,0%	4 007	4 610
Goods and services	274 788	(653)	(16 537)	257 598	202 616	54 982	78,7%	230 924	230 582
Administrative fees	-	-	-	-	1	(1)	-	-	1
Advertising	1 300	(660)	-	640	-	640	-	-	-
Minor assets	670	(450)	-	220	5	215	2,3%	330	18
Catering: Departmental activities	50	1 210	-	1 260	1 255	5	99,6%	50	22
Communication (G&S)	620	-	-	620	493	127	79,5%	520	578
Consultants: Business and advisory services	140 000	(760)	(10 537)	128 703	88 961	39 742	69,1%	108 600	108 729
Contractors	250	5 428	-	5 678	5 691	(13)	100,2%	10	2
Agency and support / outsourced services	-	-	-	-	-	-	-	10	-
Fleet services (including government motor transport)	1 390	-	-	1 390	812	578	58,4%	563	910
Inventory: Food and food supplies	15	-	-	15	4	11	26,7%	20	7
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	25	1
Inventory: Medical supplies	89 199	80	(6 000)	83 279	73 021	10 258	87,7%	80 919	80 899
Inventory: Medicine	-	-	-	-	-	-	-	50	-
Consumable supplies	4	500	-	504	-	504	-	50	7
Consumable: Stationery, printing and office supplies	600	-	-	600	45	555	7,5%	502	183
Operating leases	430	(403)	-	27	23	4	85,2%	60	60
Travel and subsistence	6 730	580	-	7 310	4 683	2 627	64,1%	5 732	5 078
Operating payments	33 520	(6 178)	-	27 342	27 066	276	99,0%	33 283	33 831
Venues and facilities	-	-	-	-	556	(556)	-	200	256
<b>Transfers and subsidies</b>	<b>20 101 553</b>	<b>653</b>	<b>-</b>	<b>20 102 206</b>	<b>20 097 512</b>	<b>4 694</b>	<b>100,0%</b>	<b>17 757 668</b>	<b>17 747 748</b>
Provinces and municipalities	19 921 697	-	-	19 921 697	19 921 697	-	100,0%	17 577 737	17 577 737
Provinces	19 921 697	-	-	19 921 697	19 921 697	-	100,0%	17 577 737	17 577 737
Provincial Revenue Funds	19 921 697	-	-	19 921 697	19 921 697	-	100,0%	17 577 737	17 577 737
Departmental agencies and accounts	17 108	-	-	17 108	17 108	-	100,0%	17 547	17 547

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Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Departmental agencies (non-business related)	17 108	-	-	17 108	17 108	-	100,0%	17 547	17 547
Non-profit institutions	162 730	-	-	162 730	158 036	4 694	97,1%	162 376	152 456
Households	18	653	-	671	671	-	100,0%	8	8
Social benefits	18	653	-	671	671	-	100,0%	8	8
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	14	14
<b>Total</b>	<b>20 411 530</b>	-	<b>(15 000)</b>	<b>20 396 530</b>	<b>20 336 854</b>	<b>59 676</b>	<b>99,7%</b>	<b>18 024 381</b>	<b>18 014 119</b>

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>25 240</b>	-	-	<b>25 240</b>	<b>21 646</b>	<b>3 594</b>	<b>85,8%</b>	<b>26 039</b>	<b>25 289</b>
Compensation of employees	13 940	-	-	13 940	13 259	681	95,1%	12 834	12 228
Salaries and wages	11 738	-	-	11 738	11 755	(17)	100,1%	11 132	10 862
Social contributions	2 202	-	-	2 202	1 504	698	68,3%	1 702	1 366
Goods and services	11 300	-	-	11 300	8 387	2 913	74,2%	13 205	13 061
Minor assets	132	(110)	-	22	18	4	81,8%	14	14
Catering: Departmental activities	50	(40)	-	10	-	10	-	60	108
Communication (G&S)	120	-	-	120	146	(26)	121,7%	160	137
Consultants: Business and advisory services	3 500	(550)	-	2 950	153	2 797	5,2%	5 043	4 953
Fleet services (including government motor transport)	379	435	-	814	907	(93)	111,4%	415	494
Inventory: Food and food supplies	19	-	-	19	3	16	15,8%	19	9
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	-	1
Consumable supplies	15	-	-	15	-	15	-	-	-
Consumable: Stationery, printing and office supplies	572	(525)	-	47	15	32	31,9%	422	423
Operating leases	60	-	-	60	39	21	65,0%	67	57
Travel and subsistence	4 778	735	-	5 513	5 565	(52)	100,9%	5 024	6 309

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Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Operating payments	1 225	55	-	1 280	1 261	19	98,5%	1 027	27
Venues and facilities	450	-	-	450	279	171	62,0%	954	529
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-	<b>232</b>	<b>232</b>
Households	-	-	-	-	-	-	-	232	232
Social benefits	-	-	-	-	-	-	-	232	232
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	<b>20</b>	<b>20</b>
<b>Total</b>	<b>25 240</b>	-	-	<b>25 240</b>	<b>21 646</b>	<b>3 594</b>	<b>85,8%</b>	<b>26 291</b>	<b>25 541</b>

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
<b>Current payments</b>	<b>17 909</b>	<b>(8)</b>	-	<b>17 899</b>	<b>14 275</b>	<b>3 624</b>	<b>79,8%</b>	<b>15 689</b>	<b>14 197</b>
Compensation of employees	13 507	-	-	13 507	10 185	3 322	75,4%	9 720	9 571
Salaries and wages	12 040	-	-	12 040	9 070	2 970	75,3%	8 517	8 491
Social contributions	1 467	-	-	1 467	1 115	352	76,0%	1 203	1 080
Goods and services	4 400	(8)	-	4 392	4 090	302	93,1%	5 969	4 626
Administrative fees	-	-	-	-	-	-	-	-	1
Advertising	25	-	-	25	24	1	96,0%	62	61
Minor assets	-	141	-	141	4	137	2,8%	57	11
Catering: Departmental activities	110	(25)	-	85	65	20	76,5%	139	124
Communication (G&S)	32	-	-	32	32	-	100,0%	50	44
Consultants: Business and advisory services	1 115	12	-	1 127	1 124	3	99,7%	1 135	1 139
Contractors	-	-	-	-	-	-	-	6	6
Agency and support / outsourced services	-	-	-	-	-	-	-	7	-
Fleet services (including government motor transport)	166	(5)	-	161	206	(45)	128,0%	207	204
Inventory: Food and food supplies	6	-	-	6	1	5	16,7%	5	1
Inventory: Fuel, oil and gas	5	-	-	5	1	4	20,0%	8	2

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3.4 Women's Maternal and Reproductive Health										
Economic classification	2018/19					2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	Actual R'000
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	-	-	265	114
Operating leases	43	-	-	43	32	11	74,4%	75	75	62
Travel and subsistence	1 602	297	-	1 899	1 746	153	91,9%	2 037	2 037	1 769
Operating payments	1 296	(428)	-	868	855	13	98,5%	1 916	1 916	1 088
<b>Transfers and subsidies</b>	-	8	-	8	8	-	100%	33	33	33
Households	-	8	-	8	8	-	100%	33	33	33
Social benefits	-	8	-	8	8	-	100%	33	33	33
<b>Total</b>	<b>17 907</b>	-	-	<b>17 907</b>	<b>14 283</b>	<b>3 624</b>	<b>79,8%</b>	<b>15 722</b>	<b>15 722</b>	<b>14 230</b>

3.5 Child, Youth and School Health										
Economic classification	2018/19					2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	Actual R'000
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
<b>Current payments</b>	<b>53 953</b>	-	-	<b>53 953</b>	<b>48 930</b>	<b>5 023</b>	<b>90,7%</b>	<b>207 433</b>	<b>207 433</b>	<b>205 900</b>
Compensation of employees	17 954	-	-	17 954	16 556	1 398	92,2%	15 616	15 616	15 240
Salaries and wages	16 032	-	-	16 032	14 502	1 530	90,5%	13 863	13 863	13 347
Social contributions	1 922	-	-	1 922	2 054	(132)	106,9%	1 753	1 753	1 893
Goods and services	35 999	-	-	35 999	32 374	3 625	89,9%	191 817	191 817	190 660
Advertising	-	-	-	-	-	-	-	407	407	407
Minor assets	22	-	-	22	-	22	-	323	323	196
Catering: Departmental activities	120	50	-	170	42	128	24,7%	235	235	108
Communication (G&S)	185	(100)	-	85	67	18	78,8%	610	610	517
Consultants: Business and advisory services	110	(6)	-	104	52	52	50,0%	303	303	248
Agency and support / outsourced services	-	6	-	6	-	6	-	31 599	31 599	31 605
Fleet services (including government motor transport)	28 280	250	-	28 530	28 587	(57)	100,2%	57 485	57 485	58 329
Inventory: Food and food supplies	-	-	-	-	1	(1)	-	2	2	1
Inventory: Fuel, oil and gas	6	-	-	6	2	4	33,3%	2	2	3

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Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	-	-	-	-	-	-	-	505	529
Inventory: Medicine	-	-	-	-	-	-	-	86 661	86 407
Consumable supplies	-	-	-	-	-	-	-	2	21
Consumable: Stationery, printing and office supplies	55	-	-	55	-	55	-	81	85
Operating leases	190	-	-	190	97	93	51,1%	190	81
Travel and subsistence	2 763	1 040	-	3 803	2 825	978	74,3%	3 313	2 752
Operating payments	4 249	(1 290)	-	2 959	697	2 262	23,6%	8 925	7 931
Venues and facilities	19	-	-	19	-	19	-	1 174	1 440
Rental and hiring	-	50	-	50	4	46	8,0%	-	-
<b>Transfers and subsidies</b>	<b>200 018</b>	-	-	<b>200 018</b>	<b>200 018</b>	-	<b>100,0%</b>	<b>18</b>	<b>18</b>
Provinces and municipalities	200 000	-	-	200 000	200 000	-	100,0%	-	-
Provinces	200 000	-	-	200 000	200 000	-	100,0%	-	-
Provincial Revenue Funds	200 000	-	-	200 000	200 000	-	100,0%	-	-
Households	18	-	-	18	18	-	100,0%	18	18
Social benefits	18	-	-	18	18	-	100,0%	18	18
<b>Payments for capital assets</b>	-	-	-	-	-	-	-	<b>15 000</b>	<b>14 840</b>
Machinery and equipment	-	-	-	-	-	-	-	15 000	14 840
Other machinery and equipment	-	-	-	-	-	-	-	15 000	14 840
<b>Total</b>	<b>253 971</b>	-	-	<b>253 971</b>	<b>248 948</b>	<b>5 023</b>	<b>98,0%</b>	<b>222 451</b>	<b>220 758</b>

Sub programme	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Programme 4: Primary Health Care Services</b>									
<b>Sub programme</b>									
1. Programme Management	5 017	307	-	5 324	4 653	671	87,4%	4 402	3 955
2. District Health Services	9 966	(190)	-	9 776	8 857	919	90,6%	38 375	34 947
3. Communicable Diseases	22 487	(2 204)	-	20 283	15 636	4 647	77,1%	19 204	18 397

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		2018/19					2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
		R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
4.	Non-Communicable Diseases	74 046	-	(22 000)	52 046	28 516	54,8%	22 332	21 236
5.	Health Promotion and Nutrition	24 658	(5 431)	-	19 227	17 354	90,3%	23 039	21 306
6.	Environmental and Port Health Services	165 562	7 518	-	173 080	173 074	100,0%	155 991	153 930
<b>Total for sub programmes</b>		<b>301 736</b>	<b>-</b>	<b>(22 000)</b>	<b>279 736</b>	<b>248 090</b>	<b>88,7%</b>	<b>263 343</b>	<b>253 771</b>
<b>Economic classification</b>									
<b>Current payments</b>		<b>297 036</b>	<b>(80)</b>	<b>(22 000)</b>	<b>274 956</b>	<b>243 927</b>	<b>88,7%</b>	<b>253 870</b>	<b>244 189</b>
	Compensation of employees	209 054	-	-	209 054	207 283	99,2%	189 894	189 894
	Salaries and wages	182 469	-	-	182 469	178 621	97,9%	164 265	164 190
	Social contributions	26 585	-	-	26 585	28 662	107,8%	25 629	25 704
	Goods and services	87 892	(80)	(22 000)	65 902	36 644	55,6%	63 976	54 295
	Administrative fees	60	-	-	60	63	105,0%	55	68
	Advertising	884	(300)	-	584	136	12,3%	1 711	1 673
	Minor assets	737	5	-	742	134	18,1%	6 447	5 730
	Catering: Departmental activities	1 270	845	-	2 115	685	32,4%	1 293	925
	Communication (G&S)	1 953	270	-	2 223	1 767	79,5%	2 045	2 144
	Computer services	25	-	-	25	-	-	5	2
	Consultants: Business and advisory services	9 734	300	-	10 034	769	7,7%	1 062	359
	Laboratory services	-	-	-	-	272	-	-	-
	Contractors	1 090	180	-	1 270	997	78,5%	771	408
	Agency and support / outsourced services	40 500	(1 960)	(22 000)	16 540	5 501	33,3%	172	-
	Entertainment	5	-	-	5	-	-	5	-
	Fleet services (including government motor transport)	7 418	-	-	7 418	11 174	150,6%	10 625	10 210
	Inventory: Clothing material and supplies	2 500	150	-	2 650	204	7,7%	735	735
	Inventory: Farming supplies	148	(60)	-	88	-	-	2 108	2 016
	Inventory: Food and food supplies	60	-	-	60	8	13,3%	41	17
	Inventory: Fuel, oil and gas	20	-	-	20	88	440,0%	14	1
	Inventory: Medical supplies	500	471	-	971	962	99,1%	1 350	1 358
	Inventory: Medicine	200	(200)	-	-	-	-	1	-
	Consumable supplies	257	-	-	257	10	3,9%	696	438



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	2018/19					2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Consumable: Stationery, printing and office supplies	3 224	(1 029)	-	2 195	520	1 675	23,7%	2 827	1 338	
Operating leases	1 061	-	-	1 061	572	489	53,9%	957	629	
Property payments	720	(250)	-	470	1	469	0,2%	263	178	
Travel and subsistence	10 544	1 283	-	11 827	9 919	1 908	83,9%	17 849	15 539	
Training and development	20	-	-	20	2	18	10,0%	520	520	
Operating payments	3 662	(127)	-	3 535	885	2 650	25,0%	7 334	4 917	
Venues and facilities	1 390	342	-	1 732	1 893	(161)	109,3%	5 090	5 090	
Rental and hiring	-	-	-	-	82	(82)	-	-	-	
<b>Transfers and subsidies</b>	<b>3 440</b>	<b>80</b>	-	<b>3 520</b>	<b>3 520</b>	-	<b>100,0%</b>	<b>3 517</b>	<b>3 475</b>	
Departmental agencies and accounts	-	-	-	-	-	-	-	13	13	
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	13	13	
Non-profit institutions	3 131	-	-	3 131	3 131	-	100,0%	2 960	2 918	
Households	309	80	-	389	389	-	100,0%	544	544	
Social benefits	309	80	-	389	389	-	100,0%	544	544	
<b>Payments for capital assets</b>	<b>1 260</b>	-	-	<b>1 260</b>	<b>643</b>	<b>617</b>	<b>51,0%</b>	<b>5 945</b>	<b>6 096</b>	
Machinery and equipment	1 260	-	-	1 260	643	617	51,0%	5 945	6 096	
Other machinery and equipment	1 260	-	-	1 260	643	617	51,0%	5 945	6 096	
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	<b>11</b>	<b>11</b>	
<b>Total</b>	<b>301 736</b>	-	<b>(22 000)</b>	<b>279 736</b>	<b>248 090</b>	<b>31 646</b>	<b>88,7%</b>	<b>263 343</b>	<b>253 771</b>	

	2018/19					2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>4.1 Programme Management</b>										
<b>Economic classification</b>	<b>3 757</b>	<b>307</b>	-	<b>4 064</b>	<b>4 010</b>	<b>54</b>	<b>98,7%</b>	<b>3 457</b>	<b>3 378</b>	
Current payments	3 157	-	-	3 157	3 103	54	98,3%	2 922	2 922	
Compensation of employees	2 857	-	-	2 857	2 769	88	96,9%	2 599	2 607	
Salaries and wages	300	-	-	300	334	(34)	111,3%	323	315	
Social contributions	-	-	-	-	-	-	-	-	-	

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4.1 Programme Management

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Goods and services	600	307	-	907	907	-	100,0%	535	456
Minor assets	10	(10)	-	-	10	(10)		2	4
Catering: Departmental activities	50	-	-	50	29	21	58,0%	25	27
Communication (G&S)	42	-	-	42	21	21	50,0%	25	25
Fleet services (including government motor transport)	23	150	-	173	200	(27)	115,6%	24	12
Inventory: Food and food supplies	-	-	-	-	1	(1)		4	2
Inventory: Fuel, oil and gas	-	-	-	-	2	(2)		-	-
Consumable supplies	7	-	-	7	1	6	14,3%	2	3
Consumable: Stationery, printing and office supplies	56	(12)	-	44	-	44		52	50
Operating leases	35	-	-	35	14	21	40,0%	40	36
Travel and subsistence	377	179	-	556	629	(73)	113,1%	361	297
<b>Payments for capital assets</b>	<b>1 260</b>	<b>-</b>	<b>-</b>	<b>1 260</b>	<b>643</b>	<b>617</b>	<b>51,0%</b>	<b>945</b>	<b>577</b>
Machinery and equipment	1 260	-	-	1 260	643	617	51,0%	945	577
Other machinery and equipment	1 260	-	-	1 260	643	617	51,0%	945	577
<b>Total</b>	<b>5 017</b>	<b>307</b>	<b>-</b>	<b>5 324</b>	<b>4 653</b>	<b>671</b>	<b>87,4%</b>	<b>4 402</b>	<b>3 955</b>

4.2 District Health Services

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
<b>Current payments</b>	<b>9 764</b>	<b>(190)</b>	<b>-</b>	<b>9 574</b>	<b>8 655</b>	<b>919</b>	<b>90,4%</b>	<b>33 375</b>	<b>29 428</b>
Compensation of employees	7 580	(632)	-	6 948	6 029	919	86,8%	5 769	5 769
Salaries and wages	7 158	(632)	-	6 526	5 347	1 179	81,9%	5 049	5 091
Social contributions	422	-	-	422	682	(260)	161,6%	720	678
Goods and services	2 184	442	-	2 626	2 626	-	100,0%	27 606	23 659
Minor assets	50	-	-	50	53	(3)	106,0%	6 013	5 504
Catering: Departmental activities	140	-	-	140	97	43	69,3%	325	279
Communication (G&S)	80	-	-	80	79	1	98,8%	82	91
Consultants: Business and advisory services	-	-	-	-	-	-		600	-

**Health Vote 16**  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Contractors	5	-	-	5	-	5		32	84
Fleet services (including government motor transport)	568	-	-	568	425	143	74,8%	2 895	2 069
Inventory: Food and food supplies	10	-	-	10	1	9	10,0%	8	2
Consumable supplies	10	-	-	10	-	10		590	380
Consumable: Stationery, printing and office supplies	183	-	-	183	-	183		1 058	232
Operating leases	45	-	-	45	10	35	22,2%	45	24
Property payments	-	-	-	-	-	-		33	33
Travel and subsistence	943	-	-	943	1 384	(441)	146,8%	9 835	8 600
Training and development	-	-	-	-	-	-		520	520
Operating payments	60	100	-	160	147	13	91,9%	4 230	2 920
Venues and facilities	90	342	-	432	430	2	99,5%	1 340	2 921
<b>Transfers and subsidies</b>	<b>202</b>	-	-	<b>202</b>	<b>202</b>	-	<b>100,0%</b>	-	-
Households	202	-	-	202	202	-	100,0%	-	-
Social benefits	202	-	-	202	202	-	100,0%	-	-
<b>Payments for capital assets</b>	-	-	-	-	-	-		<b>5 000</b>	<b>5 519</b>
Machinery and equipment	-	-	-	-	-	-		5 000	5 519
Other machinery and equipment	-	-	-	-	-	-		5 000	5 519
<b>Total</b>	<b>9 966</b>	<b>(190)</b>	-	<b>9 776</b>	<b>8 857</b>	<b>919</b>	<b>90,6%</b>	<b>38 375</b>	<b>34 947</b>

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>22 487</b>	<b>(2 204)</b>	-	<b>20 283</b>	<b>15 636</b>	<b>4 647</b>	<b>77,1%</b>	<b>19 204</b>	<b>18 397</b>
Compensation of employees	12 551	-	-	12 551	11 874	677	94,6%	11 886	11 886
Salaries and wages	11 049	-	-	11 049	10 321	728	93,4%	10 384	10 311
Social contributions	1 502	-	-	1 502	1 553	(51)	103,4%	1 502	1 575
Goods and services	9 936	(2 204)	-	7 732	3 762	3 970	48,7%	7 318	6 511
Administrative fees	-	-	-	-	-	-		-	1

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Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Advertising	400	(300)	-	100	19	81	19,0%	-	-
Minor assets	160	-	-	160	-	160		28	27
Catering: Departmental activities	500	-	-	500	423	77	84,6%	309	218
Communication (G&S)	110	-	-	110	56	54	50,9%	100	91
Computer services	20	-	-	20	-	20		5	2
Consultants: Business and advisory services	-	350	-	350	348	2	99,4%	-	-
Contractors	10	-	-	10	-	10		-	-
Fleet services (including government motor transport)	1 415	(300)	-	1 115	780	335	70,0%	630	926
Inventory: Farming supplies	-	-	-	-	-	-		2 018	2 016
Inventory: Food and food supplies	20	-	-	20	2	18	10,0%	10	3
Inventory: Fuel, oil and gas	10	-	-	10	1	9	10,0%	-	-
Inventory: Medical supplies	-	471	-	471	471	-	100,0%	-	8
Inventory: Medicine	200	(200)	-	-	-	-		-	-
Consumable supplies	40	-	-	40	1	39	2,5%	11	4
Consumable: Stationery, printing and office supplies	1 500	(171)	-	729	80	649	11,0%	787	524
Operating leases	200	-	-	200	57	143	28,5%	130	95
Travel and subsistence	4 000	(1 207)	-	2 793	1 043	1 750	37,3%	2 060	1 476
Operating payments	1 351	(247)	-	1 104	2	1 102	0,2%	230	128
Venues and facilities	-	-	-	-	479	(479)		1 000	992
<b>Total</b>	<b>22 487</b>	<b>(2 204)</b>	<b>-</b>	<b>20 283</b>	<b>15 636</b>	<b>4 647</b>	<b>77,1%</b>	<b>19 204</b>	<b>18 397</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>71 795</b>	<b>-</b>	<b>(22 000)</b>	<b>49 795</b>	<b>26 265</b>	<b>23 530</b>	<b>52,7%</b>	<b>20 259</b>	<b>19 163</b>
Compensation of employees	17 060	-	-	17 060	16 940	120	99,3%	15 411	15 411
Salaries and wages	15 451	-	-	15 451	15 028	423	97,3%	13 784	13 689
Social contributions	1 609	-	-	1 609	1 912	(303)	118,8%	1 627	1 722
Goods and services	54 735	-	(22 000)	32 735	9 325	23 410	28,5%	4 848	3 752
Advertising	365	-	-	365	78	287	21,4%	80	79
Minor assets	140	(25)	-	115	7	108	6,1%	36	15
Catering: Departmental activities	201	845	-	1 046	40	1 006	3,8%	167	118
Communication (G&S)	108	(30)	-	78	70	8	89,7%	93	98
Consultants: Business and advisory services	9 734	(50)	-	9 684	421	9 263	4,3%	462	359
Contractors	5	-	-	5	-	5	-	5	3
Agency and support / outsources services	40 000	(1 460)	(22 000)	16 540	5 501	11 039	33,3%	-	-
Fleet services (including government motor transport)	162	(50)	-	112	80	32	71,4%	173	130
Inventory: Food and food supplies	10	-	-	10	2	8	20,0%	8	2
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	3	-
Inventory: Medicine	-	-	-	-	-	-	-	1	-
Consumable supplies	26	-	-	26	2	24	7,7%	14	-
Consumable: Stationery, printing and office supplies	455	(176)	-	279	76	203	27,2%	480	223
Operating leases	168	-	-	168	86	82	51,2%	180	111
Travel and subsistence	2 070	1 336	-	3 406	2 598	808	76,3%	1 892	1 809
Operating payments	891	(390)	-	501	42	459	8,4%	852	425
Venues and facilities	400	-	-	400	321	79	80,3%	402	380
<b>Transfers and subsidies</b>	<b>2 251</b>	<b>-</b>	<b>-</b>	<b>2 251</b>	<b>2 251</b>	<b>-</b>	<b>100,0%</b>	<b>2 073</b>	<b>2 073</b>
Non-profit institutions	2 193	-	-	2 193	2 193	-	100,0%	2 073	2 073
Households	58	-	-	58	58	-	100,0%	-	-
Social benefits	58	-	-	58	58	-	100,0%	-	-
<b>Total</b>	<b>74 046</b>	<b>-</b>	<b>(22 000)</b>	<b>52 046</b>	<b>28 516</b>	<b>23 530</b>	<b>54,8%</b>	<b>22 332</b>	<b>21 236</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>23 720</b>	<b>(5 431)</b>	-	<b>18 289</b>	<b>16 416</b>	<b>1 873</b>	<b>89,8%</b>	<b>21 716</b>	<b>20 025</b>
Compensation of employees	18 744	(5 351)	-	13 393	13 393	-	100,0%	14 082	14 082
Salaries and wages	16 542	(5 351)	-	11 191	11 603	(412)	103,7%	12 268	12 273
Social contributions	2 202	-	-	2 202	1 790	412	81,3%	1 814	1 809
Goods and services	4 976	(80)	-	4 896	3 023	1 873	61,7%	7 634	5 943
Advertising	84	-	-	84	-	84	-	1 611	1 580
Minor assets	157	(80)	-	77	2	75	2,6%	113	127
Catering: Departmental activities	279	-	-	279	41	238	14,7%	327	189
Communication (G&S)	373	-	-	373	124	249	33,2%	150	137
Computer services	5	-	-	5	-	5	-	-	-
Contractors	85	180	-	265	186	79	70,2%	252	-
Agency and support / outsourced services	500	(500)	-	-	-	-	-	172	-
Fleet services (including government motor transport)	330	-	-	330	348	(18)	105,5%	303	220
Inventory: Food and food supplies	10	-	-	10	1	9	10,0%	4	4
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	1	-
Inventory: Medical supplies	500	-	-	500	491	9	98,2%	1 350	1 350
Consumable supplies	12	-	-	12	2	10	16,7%	4	3
Consumable: Stationery, printing and office supplies	539	(10)	-	529	260	269	49,1%	-	-
Operating leases	213	-	-	213	50	163	23,5%	132	94
Travel and subsistence	954	220	-	1 174	1 188	(14)	101,2%	1 379	1 053
Operating payments	935	110	-	1 045	282	763	27,0%	1 436	1 064
Venues and facilities	-	-	-	-	48	(48)	-	400	122
<b>Transfers and subsidies</b>	<b>938</b>	-	-	<b>938</b>	<b>938</b>	-	<b>100,0%</b>	<b>1 312</b>	<b>1 270</b>
Non-profit institutions	938	-	-	938	938	-	100,0%	887	845
Households	-	-	-	-	-	-	-	425	425
Social benefits	-	-	-	-	-	-	-	425	425
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11</b>	<b>11</b>
<b>Total</b>	<b>24 658</b>	<b>(5 431)</b>	<b>-</b>	<b>19 227</b>	<b>17 354</b>	<b>1 873</b>	<b>90,3%</b>	<b>23 039</b>	<b>21 306</b>

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Appropriation Statement for the Year ended 31 March 2019  
4.6 Environmental and Port Health Services

Economic classification	2018/19					2017/18				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditures % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000	
<b>Current payments</b>	<b>165 513</b>	<b>7 438</b>	-	<b>172 951</b>	<b>172 945</b>	<b>6</b>	<b>100,0%</b>	<b>155 859</b>	<b>153 798</b>	
Compensation of employees	149 962	5 983	-	155 945	155 944	1	100,0%	139 824	139 824	
Salaries and wages	129 412	5 983	-	135 395	133 553	1 842	98,6%	120 181	120 219	
Social contributions	20 550	-	-	20 550	22 391	(1 841)	109,0%	19 643	19 605	
Goods and services	15 551	1 455	-	17 006	17 001	5	100,0%	16 035	13 974	
Administrative fees	60	-	-	60	63	(3)	105,0%	55	67	
Advertising	35	-	-	35	39	(4)	111,4%	20	14	
Minor assets	220	120	-	340	62	278	18,2%	255	53	
Catering: Departmental activities	100	-	-	100	55	45	55,0%	140	94	
Communication (G&S)	1 240	300	-	1 540	1 417	123	92,0%	1 595	1 702	
Laboratory services	-	-	-	-	272	(272)	-	-	-	
Contractors	985	-	-	985	811	174	82,3%	482	321	
Entertainment	5	-	-	5	-	5	-	5	-	
Fleet services (including government motor transport)	4 920	200	-	5 120	9 341	(4 221)	182,4%	6 600	6 853	
Inventory: Clothing material and supplies	2 500	150	-	2 650	204	2 446	7,7%	735	735	
Inventory: Farming supplies	148	(60)	-	88	-	88	-	90	-	
Inventory: Food and food supplies	10	-	-	10	1	9	10,0%	7	4	
Inventory: Fuel, oil and gas	10	-	-	10	84	(74)	840,0%	10	1	
Consumable supplies	162	-	-	162	4	158	2,5%	75	48	
Consumable: Stationery, printing and office supplies	491	(60)	-	431	104	327	24,1%	450	309	
Operating leases	400	-	-	400	355	45	88,8%	430	269	
Property payments	720	(250)	-	470	1	469	0,2%	230	145	
Travel and subsistence	2 200	755	-	2 955	3 077	(122)	104,1%	2 322	2 304	
Training and development	20	-	-	20	2	18	10,0%	-	-	
Operating payments	425	300	-	725	412	313	56,8%	586	380	
Venues and facilities	900	-	-	900	615	285	68,3%	1 948	675	
Rental and hiring	-	-	-	-	82	(82)	-	-	-	
<b>Transfers and subsidies</b>	<b>49</b>	<b>80</b>	-	<b>129</b>	<b>129</b>	-	<b>100,0%</b>	<b>132</b>	<b>132</b>	
Departmental agencies and accounts	-	-	-	-	-	-	-	13	13	
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	13	13	
Households	49	80	-	129	129	-	100,0%	119	119	
Social benefits	49	80	-	129	129	-	100,0%	119	119	
<b>Total</b>	<b>166 562</b>	<b>7 518</b>	-	<b>173 080</b>	<b>173 074</b>	<b>6</b>	<b>100,0%</b>	<b>155 991</b>	<b>153 930</b>	

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Programme 5: Hospital, Tertiary Health Services and Human Resource Development									
2018/19									
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Programme Management	3 271	(33)	-	3 238	1 040	2 198	32,1%	2 736	956
2. Health Facilities Infrastructure Management	6 927 093	(1 650)	-	6 925 443	6 782 548	142 895	97,9%	6 423 670	6 356 326
3. Tertiary Health Care Planning and Policy	12 405 087	-	-	12 405 087	12 404 538	549	100,0%	11 680 763	11 679 930
4. Hospital Management	6 498	-	-	6 498	4 674	1 824	71,9%	5 911	5 865
5. Human Resources for Health	2 805 063	(700)	(2 498)	2 801 865	2 801 237	628	100,0%	2 658 043	2 655 831
6. Nursing Services	9 377	733	-	10 110	8 441	1 669	83,5%	8 136	8 006
7. Forensic Chemistry Laboratories	145 804	2 620	-	148 424	121 830	26 594	82,1%	127 421	114 759
8. Violence, Trauma and EMS	8 497	(970)	-	7 527	6 630	897	88,1%	8 120	7 098
<b>Total for sub programmes</b>	<b>22 310 690</b>	<b>-</b>	<b>(2 498)</b>	<b>22 308 192</b>	<b>22 130 938</b>	<b>177 254</b>	<b>99,2%</b>	<b>20 914 800</b>	<b>20 828 771</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>355 487</b>	<b>(51)</b>	<b>(2 498)</b>	<b>352 938</b>	<b>245 000</b>	<b>107 938</b>	<b>69,4%</b>	<b>254 272</b>	<b>237 409</b>
Compensation of employees	145 181	-	(4 188)	140 993	128 216	12 777	90,9%	133 781	123 303
Salaries and wages	127 785	-	(4 290)	123 495	111 004	12 491	89,9%	119 392	107 072
Social contributions	17 396	-	102	17 498	17 212	286	98,4%	14 389	16 231
Goods and services	210 306	(51)	1 690	211 945	116 784	95 161	55,1%	120 491	114 106
Administrative fees	-	-	-	-	-	-	-	12	1
Advertising	245	-	-	245	59	186	24,1%	135	-
Minor assets	657	487	100	1 244	902	342	72,5%	940	219
Catering: Departmental activities	623	(235)	-	388	173	215	44,6%	368	223
Communication	1 275	(444)	-	831	661	170	79,5%	955	801
Computer services	2 670	(760)	500	2 410	1 750	660	72,6%	1 926	1 926
Consultants: Business and advisory services	156 200	703	-	156 903	78 572	78 331	50,1%	76 050	80 161
Laboratory services	20	-	-	20	14	6	70,0%	25	-
Legal services	-	-	-	-	-	-	-	100	-
Contractors	10 573	1 530	21	12 124	9 634	2 490	79,5%	7 785	7 596
Agency and support / outsourced services	3 085	267	-	3 352	1 534	1 818	45,8%	1 942	1 729
Entertainment	40	(20)	-	20	-	20	-	2	-
Fleet services (including government motor transport)	1 376	(80)	100	1 396	1 332	64	95,4%	1 404	902
Inventory: Clothing material and accessories	110	(100)	-	10	7	3	70,0%	100	60
Inventory: Food and food supplies	72	-	-	72	9	63	12,5%	57	21
Inventory: Fuel, oil and gas	1 770	(500)	-	1 270	667	603	52,5%	2 021	2 020



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	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	105	(25)	500	580	128	452	22,1%	73	53
Inventory: Medicine	60	(56)	-	4	2	2	50,0%	10	-
Inventory: Other supplies	13 000	1 229	-	14 229	10 989	3 240	77,2%	9 328	9 316
Consumable supplies	322	(115)	-	207	114	93	55,1%	182	76
Consumable: Stationery, printing and office supplies	1 492	(478)	-	1 014	289	725	28,5%	1 209	839
Operating leases	1 086	40	-	1 126	617	509	54,8%	762	685
Property payments	-	384	-	384	218	166	56,8%	-	-
Travel and subsistence	13 791	(1 988)	(31)	11 772	8 055	3 717	68,4%	13 630	6 607
Training and development	-	-	-	-	2	(2)	-	50	49
Operating payments	1 204	39	500	1 743	642	1 101	36,8%	1 009	652
Venues and facilities	330	(190)	-	140	63	77	45,0%	166	7
Rental and hiring	200	261	-	461	351	110	76,1%	250	163
<b>Transfers and subsidies</b>	<b>21 242 623</b>	<b>84</b>	-	<b>21 242 707</b>	<b>21 242 702</b>	<b>5</b>	<b>100,0%</b>	<b>20 000 588</b>	<b>20 000 588</b>
Provinces and municipalities	21 242 401	-	-	21 242 401	21 242 401	-	100,0%	19 992 489	19 992 489
Provinces	21 242 401	-	-	21 242 401	21 242 401	-	100,0%	19 992 489	19 992 489
Provincial Revenue Funds	21 242 401	-	-	21 242 401	21 242 401	-	100,0%	19 992 489	19 992 489
Households	222	84	-	306	301	5	98,4%	8 099	8 099
Social benefits	222	84	-	306	301	5	98,4%	1 099	1 100
Other transfers to household	-	-	-	-	-	-	-	7 000	6 999
<b>Payments for capital assets</b>	<b>712 580</b>	<b>(33)</b>	-	<b>712 547</b>	<b>643 236</b>	<b>69 311</b>	<b>90,3%</b>	<b>659 888</b>	<b>590 722</b>
Buildings and other fixed structures	544 073	19 000	-	563 073	591 035	(27 962)	105,0%	643 984	577 139
Buildings	544 073	19 000	-	563 073	591 035	(27 962)	105,0%	643 984	577 139
Machinery and equipment	168 471	(19 529)	-	148 942	52 201	96 741	35,0%	15 904	13 583
Other machinery and equipment	168 471	(19 529)	-	148 942	52 201	96 741	35,0%	15 904	13 583
Software and other intangible assets	36	496	-	532	-	532	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>52</b>	<b>52</b>
<b>Total</b>	<b>22 310 690</b>	<b>-</b>	<b>(2 498)</b>	<b>22 308 192</b>	<b>22 130 938</b>	<b>177 254</b>	<b>99,2%</b>	<b>20 914 800</b>	<b>20 828 771</b>

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5.1 Programme Management

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>3 222</b>	-	-	<b>3 222</b>	<b>1 040</b>	<b>2 182</b>	<b>32,3%</b>	<b>2 675</b>	<b>956</b>
Compensation of employees	2 655	-	-	2 655	939	1 716	35,4%	1 893	892
Salaries and wages	2 368	-	-	2 368	853	1 515	36,0%	1 714	810
Social contributions	287	-	-	287	86	201	30,0%	179	82
Goods and services	567	-	-	567	101	466	17,8%	782	64
Advertising	60	-	-	60	59	1	98,3%	10	-
Minor assets	8	-	-	8	-	8	-	36	-
Catering: Departmental activities	5	-	-	5	-	5	-	10	-
Communication (G&S)	-	-	-	-	-	-	-	20	-
Entertainment	-	-	-	-	-	-	-	1	-
Fleet services (including government motor transport)	19	-	-	19	-	19	-	45	11
Inventory: Food and food supplies	5	-	-	5	-	5	-	4	-
Consumable supplies	-	-	-	-	-	-	-	8	-
Consumable: Stationery, printing and office supplies	34	-	-	34	-	34	-	29	2
Operating leases	30	-	-	30	12	18	40,0%	20	25
Travel and subsistence	401	-	-	401	30	371	7,5%	545	26
Operating payments	5	-	-	5	-	5	-	23	-
Venues and facilities	-	-	-	-	-	-	-	31	-
<b>Payments for capital assets</b>	<b>49</b>	<b>(33)</b>	-	<b>16</b>	<b>-</b>	<b>16</b>	-	<b>61</b>	<b>-</b>
Machinery and equipment	49	(33)	-	16	-	16	-	61	-
Other machinery and equipment	49	(33)	-	16	-	16	-	61	-
<b>Total</b>	<b>3 271</b>	<b>(33)</b>	<b>-</b>	<b>3 238</b>	<b>1 040</b>	<b>2 198</b>	<b>32,1%</b>	<b>2 736</b>	<b>956</b>

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Economic classification	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditures % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
<b>Current payments</b>	<b>179 792</b>	<b>(1 650)</b>	-	<b>178 142</b>	<b>98 559</b>	<b>79 583</b>	<b>55,3%</b>	<b>95 031</b>	<b>94 634</b>
Compensation of employees	15 232	-	431	15 663	15 663	-	100,0%	11 570	11 570
Salaries and wages	13 425	-	131	13 556	13 896	(340)	102,5%	10 492	10 256
Social contributions	1 807	-	300	2 107	1 767	340	83,9%	1 078	1 314
Goods and services	164 560	(1 650)	(431)	162 479	82 896	79 583	51,0%	83 461	83 064
Advertising	80	-	-	80	-	80	-	100	-
Minor assets	324	-	-	324	878	(554)	271,0%	435	9
Catering: Departmental activities	90	-	-	90	36	54	40,0%	80	32
Communication (G&S)	-	80	-	80	78	2	97,5%	200	86
Consultants: Business and advisory services	155 900	-	-	155 900	78 394	77 506	50,3%	75 000	79 960
Legal services	-	-	-	-	-	-	-	100	-
Contractors	20	-	-	20	193	(173)	965,0%	50	-
Agency and support / outsourced services	-	-	-	-	-	-	-	200	92
Entertainment	10	-	-	10	-	10	-	-	-
Fleet services (including government motor transport)	400	(15)	-	385	386	(1)	100,3%	436	180
Inventory: Food and food supplies	32	-	-	32	1	31	3,1%	20	2
Inventory: Medical supplies	-	-	-	-	14	(14)	-	-	-
Consumable supplies	51	-	-	51	41	10	80,4%	-	-
Consumable: Stationery, printing and office supplies	360	-	-	360	65	295	18,1%	190	141
Operating leases	140	-	-	140	11	129	7,9%	80	41
Travel and subsistence	7 050	(1 625)	(431)	4 994	2 778	2 216	55,6%	6 270	2 469
Training and development	-	-	-	-	-	-	-	50	44
Operating payments	103	(90)	-	13	21	(8)	161,5%	100	8
Venues and facilities	-	-	-	-	-	-	-	70	-
Rental and hiring	-	-	-	-	-	-	-	80	-
<b>Transfers and subsidies</b>	<b>6 057 202</b>	-	-	<b>6 057 202</b>	<b>6 057 202</b>	-	<b>100,0%</b>	<b>5 684 495</b>	<b>5 684 495</b>
Provinces and municipalities	6 057 202	-	-	6 057 202	6 057 202	-	100,0%	5 684 495	5 684 495
Provinces	6 057 202	-	-	6 057 202	6 057 202	-	100,0%	5 684 495	5 684 495
Provincial Revenue Funds	6 057 202	-	-	6 057 202	6 057 202	-	100,0%	5 684 495	5 684 495
<b>Payments for capital assets</b>	<b>690 099</b>	-	-	<b>690 099</b>	<b>626 787</b>	<b>63 312</b>	<b>90,8%</b>	<b>644 104</b>	<b>577 157</b>
Buildings and other fixed structures	544 073	19 000	-	563 073	591 035	(27 962)	105,0%	643 984	577 139

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Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditures % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Buildings	544 073	19 000	-	563 073	591 035	(27 962)	105,0%	643 984	575 139
Machinery and equipment	146 026	(19 000)	-	127 026	35 752	91 274	28,1%	120	18
Other machinery and equipment	146 026	(19 000)	-	127 026	35 752	91 274	28,1%	120	18
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	40	40
<b>Total</b>	<b>6 927 093</b>	<b>(1 650)</b>	<b>-</b>	<b>6 925 443</b>	<b>6 782 548</b>	<b>142 895</b>	<b>97,9%</b>	<b>6 423 670</b>	<b>6 356 326</b>

### 5.3 Tertiary Health Care Planning and Policy

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditures % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>4 369</b>	<b>-</b>	<b>-</b>	<b>4 369</b>	<b>3 835</b>	<b>534</b>	<b>87,8%</b>	<b>4 561</b>	<b>3 742</b>
Compensation of employees	3 383	-	-	3 383	3 187	196	94,2%	3 556	3 001
Salaries and wages	2 967	-	-	2 967	2 782	185	93,8%	3 174	2 622
Social contributions	416	-	-	416	405	11	97,4%	382	379
Goods and services	986	-	-	986	648	338	65,7%	1 005	741
Minor assets	50	-	-	50	-	50	-	79	70
Catering: Departmental activities	65	-	-	65	38	27	58,5%	53	52
Communication (G&S)	60	-	-	60	41	19	68,3%	50	26
Fleet services (including government motor transport)	42	-	-	42	129	(87)	307,1%	38	13
Inventory: Food and food supplies	8	-	-	8	1	7	12,5%	7	3
Consumable supplies	6	-	-	6	-	6	-	7	-
Consumable: Stationery, printing and office supplies	15	-	-	15	-	15	-	-	-
Operating leases	66	-	-	66	10	56	15,2%	53	51
Travel and subsistence	674	-	-	674	429	245	63,6%	707	525
Operating payments	-	-	-	-	-	-	-	-	1
Venues and facilities	-	-	-	-	-	-	-	11	-
<b>Transfers and subsidies</b>	<b>12 400 703</b>	<b>-</b>	<b>-</b>	<b>12 400 703</b>	<b>12 400 703</b>	<b>-</b>	<b>100,0%</b>	<b>11 676 145</b>	<b>11 676 145</b>
Provinces and municipalities	12 400 703	-	-	12 400 703	12 400 703	-	100,0%	11 676 145	11 676 145
Provinces	12 400 703	-	-	12 400 703	12 400 703	-	100,0%	11 676 145	11 676 145
Provincial Revenue Funds	12 400 703	-	-	12 400 703	12 400 703	-	100,0%	11 676 145	11 676 145

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5.3 Tertiary Health Care Planning and Policy

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Payments for capital assets</b>	15	-	-	15	-	15		57	43
Machinery and equipment	15	-	-	15	-	15		57	43
Other machinery and equipment	15	-	-	15	-	15		57	43
<b>Total</b>	<b>12 405 087</b>	<b>-</b>	<b>-</b>	<b>12 405 087</b>	<b>12 404 538</b>	<b>549</b>	<b>100,0%</b>	<b>11 680 763</b>	<b>11 679 930</b>

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>6 470</b>	<b>-</b>	<b>-</b>	<b>6 470</b>	<b>4 674</b>	<b>1 796</b>	<b>72,2%</b>	<b>5 805</b>	<b>5 798</b>
Compensation of employees	5 021	-	-	5 021	3 833	1 188	76,3%	4 549	4 549
Salaries and wages	4 350	-	-	4 350	3 377	973	77,6%	4 036	4 017
Social contributions	671	-	-	671	456	215	68,0%	513	532
Goods and services	1 449	-	-	1 449	841	608	58,0%	1 256	1 249
Administrative fees	-	-	-	-	-	-		-	1
Minor assets	10	(10)	-	-	-	-		36	31
Catering: Departmental activities	40	-	-	40	9	31	22,5%	30	12
Communication (G&S)	60	-	-	60	37	23	61,7%	42	53
Consultants: Business and advisory services	-	-	-	-	-	-		-	185
Entertainment	-	-	-	-	-	-		1	-
Fleet services (including government motor transport)	85	-	-	85	-	85		64	43
Inventory: Food and food supplies	3	-	-	3	1	2	33,3%	2	2
Consumable supplies	10	-	-	10	-	10		9	4
Consumable: Stationery, printing and office supplies	70	30	-	100	54	46	54,0%	50	45
Operating leases	25	-	-	25	9	16	36,0%	20	11
Travel and subsistence	1 060	-	-	1 060	671	389	63,3%	882	751
Operating payments	66	-	-	66	60	6	90,9%	116	108
Venues and facilities	20	(20)	-	-	-	-		4	3
<b>Payments for capital assets</b>	<b>28</b>	<b>-</b>	<b>-</b>	<b>28</b>	<b>-</b>	<b>28</b>		<b>106</b>	<b>67</b>
Machinery and equipment	28	-	-	28	-	28		106	67
Other machinery and equipment	28	-	-	28	-	28		106	67
<b>Total</b>	<b>6 498</b>	<b>-</b>	<b>-</b>	<b>6 498</b>	<b>4 674</b>	<b>1 824</b>	<b>71,9%</b>	<b>5 911</b>	<b>5 865</b>

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**5.5 Human Resources for Health**

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>20 530</b>	<b>(700)</b>	<b>(2 498)</b>	<b>17 332</b>	<b>16 741</b>	<b>591</b>	<b>96,6%</b>	<b>18 202</b>	<b>16 022</b>
Compensation of employees	16 510	-	(2 498)	14 012	14 010	2	100,0%	13 976	13 759
Salaries and wages	14 508	-	(2 300)	12 208	12 169	39	99,7%	13 649	11 972
Social contributions	2 002	-	(198)	1 804	1 841	(37)	102,1%	327	1 787
Goods and services	4 020	(700)	-	3 320	2 731	589	82,3%	4 226	2 263
Administrative fees	-	-	-	-	-	-	-	1	-
Advertising	100	-	-	100	-	100	-	-	-
Minor assets	95	-	-	95	-	95	-	145	32
Catering: Departmental activities	300	(210)	-	90	30	60	33,3%	70	46
Communication (G&S)	100	-	-	100	49	51	49,0%	60	58
Consultants: Business and advisory services	-	-	-	-	50	(50)	-	-	-
Contractors	350	(90)	-	260	243	17	93,5%	358	322
Agency and support / outsourced services	35	-	-	35	11	24	31,4%	100	10
Fleet services (including government motor transport)	260	-	-	260	248	12	95,4%	224	184
Inventory: Food and food supplies	9	-	-	9	2	7	22,2%	5	3
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	1	-
Consumable supplies	22	-	-	22	2	20	9,1%	5	2
Consumable: Stationery, printing and office supplies	190	(130)	-	60	8	52	13,3%	225	95
Operating leases	180	-	-	180	84	96	46,7%	150	78
Travel and subsistence	2 189	(220)	-	1 969	1 892	77	96,1%	2 802	1 340
Operating payments	90	(50)	-	40	49	(9)	122,5%	80	93
Venues and facilities	100	-	-	100	63	37	63,0%	-	-
<b>Transfers and subsidies</b>	<b>2 784 496</b>	<b>-</b>	<b>-</b>	<b>2 784 496</b>	<b>2 784 496</b>	<b>-</b>	<b>100,0%</b>	<b>2 639 688</b>	<b>2 639 688</b>
Provinces and municipalities	2 784 496	-	-	2 784 496	2 784 496	-	100,0%	2 631 849	2 631 849
Provinces	2 784 496	-	-	2 784 496	2 784 496	-	100,0%	2 631 849	2 631 849
Provincial Revenue Funds	2 784 496	-	-	2 784 496	2 784 496	-	100,0%	2 631 849	2 631 849
Households	-	-	-	-	-	-	-	7 839	7 839
Social benefits	-	-	-	-	-	-	-	839	840
Other transfers to households	-	-	-	-	-	-	-	7 000	6 999
<b>Payments for capital assets</b>	<b>37</b>	<b>-</b>	<b>-</b>	<b>37</b>	<b>-</b>	<b>37</b>	<b>-</b>	<b>141</b>	<b>109</b>
Machinery and equipment	37	-	-	37	-	37	-	141	109
Other machinery and equipment	37	-	-	37	-	37	-	141	109
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12</b>	<b>12</b>
<b>Total</b>	<b>2 805 063</b>	<b>(700)</b>	<b>(2 498)</b>	<b>2 801 865</b>	<b>2 801 237</b>	<b>628</b>	<b>100,0%</b>	<b>2 658 043</b>	<b>2 655 831</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>9 362</b>	<b>733</b>	-	<b>10 095</b>	<b>8 435</b>	<b>1 660</b>	<b>83,6%</b>	<b>8 018</b>	<b>7 891</b>
Compensation of employees	8 362	-	-	8 362	7 180	1 182	85,9%	7 203	7 203
Salaries and wages	7 359	-	-	7 359	6 282	1 077	85,4%	6 513	6 337
Social contributions	1 003	-	-	1 003	898	105	89,5%	690	866
Goods and services	1 000	733	-	1 733	1 255	478	72,4%	815	688
Minor assets	33	-	-	33	-	33	-	28	30
Catering: Departmental activities	43	-	-	43	30	13	69,8%	50	31
Communication (G&S)	45	-	-	45	61	(16)	135,6%	46	53
Consultants: Business and advisory services	-	743	-	743	128	615	17,2%	-	-
Fleet services (including government motor transport)	35	-	-	35	105	(70)	300,0%	52	36
Inventory: Food and food supplies	15	-	-	15	3	12	20,0%	15	9
Consumable supplies	-	-	-	-	-	-	-	1	1
Consumable: Stationery, printing and office supplies	133	-	-	133	-	133	-	39	29
Operating leases	25	-	-	25	51	(26)	204,0%	35	54
Travel and subsistence	671	(10)	-	661	877	(216)	132,7%	547	436
Training and development	-	-	-	-	-	-	-	-	5
Operating payments	-	-	-	-	-	-	-	2	-
Venues and facilities	-	-	-	-	-	-	-	-	4
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-	<b>60</b>	<b>60</b>
Households	-	-	-	-	-	-	-	60	60
Social benefits	-	-	-	-	-	-	-	60	60
<b>Payments for capital assets</b>	<b>15</b>	-	-	<b>15</b>	<b>6</b>	<b>9</b>	<b>40,0%</b>	<b>58</b>	<b>55</b>
Machinery and equipment	15	-	-	15	6	9	40,0%	58	55
Other machinery and equipment	15	-	-	15	6	9	40,0%	58	55
<b>Total</b>	<b>9 377</b>	<b>733</b>	-	<b>10 110</b>	<b>8 441</b>	<b>1 669</b>	<b>83,5%</b>	<b>8 136</b>	<b>8 006</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification <sup>n</sup>	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>123 284</b>	<b>2 620</b>	-	<b>125 904</b>	<b>105 170</b>	<b>20 734</b>	<b>83,5%</b>	<b>112 009</b>	<b>101 290</b>
Compensation of employees	87 713	-	(2 121)	85 592	77 504	8 088	90,6%	85 016	76 311
Salaries and wages	77 303	-	(2 121)	75 182	66 372	8 810	88,3%	74 306	65 672
Social contributions	10 410	-	-	10 410	11 132	(722)	106,9%	10 710	10 639
Goods and services	35 571	2 620	2 121	40 312	27 666	12 646	68,6%	26 993	24 979
Administrative fees	-	-	-	-	-	-	-	5	-
Advertising	-	-	-	-	-	-	-	10	-
Minor assets	-	607	100	707	22	685	3,1%	100	41
Communication (G&S)	975	(524)	-	451	353	98	78,3%	487	461
Computer services	2 670	(760)	500	2 410	1 750	660	72,6%	1 926	1 926
Consultants: Business and advisory services	300	(40)	-	260	-	260	-	1 050	16
Laboratory services	20	-	-	20	14	6	70,0%	25	-
Contractors	10 203	1 620	21	11 844	9 198	2 646	77,7%	7 376	7 274
Agency and support / outsourced services	3 050	267	-	3 317	1 523	1 794	45,9%	1 642	1 627
Fleet services (including government motor transport)	460	(50)	100	510	447	63	87,6%	450	387
Inventory: Clothing material and supplies	50	(40)	-	10	7	3	70,0%	100	7
Inventory: Fuel, oil and gas	1 770	(500)	-	1 270	667	603	52,5%	2 020	2 020
Inventory: Medical supplies	105	(25)	500	580	114	466	19,7%	73	53
Inventory: Medicine	60	(56)	-	4	2	2	50,0%	10	-
Inventory: Other supplies	13 000	1 229	-	14 229	10 989	3 240	77,2%	9 328	9 316
Consumable supplies	105	(2)	-	103	71	32	68,9%	97	56
Consumable: Stationery, printing and office supplies	375	(264)	-	111	57	54	51,4%	315	250
Operating leases	600	40	-	640	386	254	60,3%	374	366
Property payments	-	384	-	384	218	166	56,8%	-	-
Travel and subsistence	903	159	400	1 462	983	479	67,2%	932	621
Training and development	-	-	-	-	2	(2)	-	-	-
Operating payments	725	314	500	1 539	512	1 027	33,3%	503	395
Rental and hiring	200	261	-	461	351	110	76,1%	170	163
<b>Transfers and subsidies</b>	<b>222</b>	<b>-</b>	<b>-</b>	<b>222</b>	<b>217</b>	<b>5</b>	<b>97,7%</b>	<b>200</b>	<b>200</b>



Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Households	222	-	-	222	217	5	97,7%	200	200	200
Social benefits	222	-	-	222	217	5	97,7%	200	200	200
<b>Payments for capital assets</b>	<b>22 298</b>	-	-	<b>22 298</b>	<b>16 443</b>	<b>5 855</b>	<b>73,7%</b>	<b>15 212</b>	<b>13 269</b>	<b>13 269</b>
Machinery and equipment	22 262	(496)	-	21 766	16 443	5 323	75,5%	15 212	13 269	13 269
Other machinery and equipment	22 262	(496)	-	21 766	16 443	5 323	75,5%	15 212	13 269	13 269
Software and other intangible assets	36	496	-	532	-	532	-	-	-	-
<b>Total</b>	<b>145 804</b>	<b>2 620</b>	<b>-</b>	<b>148 424</b>	<b>121 830</b>	<b>26 594</b>	<b>82,1%</b>	<b>127 421</b>	<b>114 759</b>	<b>114 759</b>

		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
<b>Current payments</b>	<b>8 458</b>	<b>(1 054)</b>	<b>-</b>	<b>7 404</b>	<b>6 546</b>	<b>858</b>	<b>88,4%</b>	<b>7 971</b>	<b>7 076</b>	<b>7 076</b>
Compensation of employees	6 305	-	-	6 305	5 900	405	93,6%	6 018	6 018	6 018
Salaries and wages	5 505	-	-	5 505	5 273	232	95,8%	5 508	5 386	5 386
Social contributions	800	-	-	800	627	173	78,4%	510	632	632
Goods and services	2 153	(1 054)	-	1 099	646	453	58,8%	1 953	1 058	1 058
Administrative fees	-	-	-	-	-	-	-	6	-	-
Advertising	5	-	-	5	-	5	-	15	-	-
Minor assets	137	(110)	-	27	2	25	7,4%	81	6	6
Catering: Departmental activities	80	(25)	-	55	30	25	54,5%	75	50	50
Communication (G&S)	35	-	-	35	42	(7)	120,0%	50	64	64
Contractors	-	-	-	-	-	-	-	1	-	-
Entertainment	30	(20)	-	10	-	10	-	-	-	-
Fleet services (including government motor transport)	75	(15)	-	60	17	43	28,3%	95	48	48
Inventory: Clothing material and accessories	60	(60)	-	-	-	-	-	-	-	53
Inventory: Food and food supplies	-	-	-	-	1	(1)	-	4	2	2

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Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable supplies	128	(113)	-	15	-	15		55	13
Consumable: Stationery, printing and office supplies	315	(114)	-	201	105	96	52,5%	361	277
Operating leases	20	-	-	20	54	(34)	270,0%	30	59
Travel and subsistence	843	(292)	-	551	395	156	71,7%	945	439
Operating payments	215	(135)	-	80	-	80		185	47
Venues and facilities	210	(170)	-	40	-	40		50	-
<b>Transfers and subsidies</b>	-	84	-	84	84	-	100,0%	-	-
Households	-	84	-	84	84	-	100,0%	-	-
Social benefits	-	84	-	84	84	-	100,0%	-	-
<b>Payments for capital assets</b>	<b>39</b>	-	-	<b>39</b>	-	<b>39</b>		<b>149</b>	<b>22</b>
Machinery and equipment	39	-	-	39	-	39		149	22
Other machinery and equipment	39	-	-	39	-	39		149	22
<b>Total</b>	<b>8 497</b>	<b>(970)</b>	<b>-</b>	<b>7 527</b>	<b>6 630</b>	<b>897</b>	<b>88,1%</b>	<b>8 120</b>	<b>7 098</b>

Programme 6: Health Regulation and Compliance Management	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1. Programme Management	6 020	(223)	-	5 797	5 687	110	98,1%	6 564	6 262
2. Food Control	10 571	-	-	10 571	9 841	730	93,1%	9 857	9 454
3. Radiation Control and Health Technology	14 219	(564)	2 498	16 153	8 076	8 077	50,0%	169 249	169 249
4. Public Entities Management	1 700 072	787	6 000	1 706 859	1 700 192	6 667	99,6%	1 499 266	1 498 922
5. Compensation Commissioner for Occupational Diseases and Occupational Health	65 664	-	-	65 664	59 262	6 402	90,3%	61 673	58 621
<b>Total for sub programmes</b>	<b>1 796 546</b>	<b>-</b>	<b>8 498</b>	<b>1 805 044</b>	<b>1 783 058</b>	<b>21 986</b>	<b>98,8%</b>	<b>1 746 609</b>	<b>1 742 508</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>94 004</b>	<b>(10)</b>	<b>2 498</b>	<b>96 492</b>	<b>82 765</b>	<b>13 727</b>	<b>85,8%</b>	<b>243 458</b>	<b>239 833</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

		2018/19					2017/18				
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
		R'000	R'000	R'000	R'000	R'000	%	R'000	R'000		
Compensation of employees		64 278	-	2 651	66 929	59 171	88,4%	167 429	164 552		
Salaries and wages		56 403	-	1 551	57 954	49 836	86,0%	146 303	144 730		
Social contributions		7 875	-	1 100	8 975	9 335	104,0%	21 126	19 822		
Goods and services		29 726	(10)	(153)	29 563	23 594	79,8%	76 029	75 281		
Administrative fees		-	-	-	-	-	-	40	27		
Advertising		266	(180)	-	86	49	57,0%	300	316		
Minor assets		247	(50)	-	197	9	4,6%	487	360		
Audit costs: External		2 900	203	-	3 103	2 677	86,3%	3 361	3 352		
Catering: Departmental activities		147	-	-	147	36	24,5%	305	360		
Communication (G&S)		1 174	(264)	-	910	727	79,9%	1 760	1 719		
Computer services		460	(100)	-	360	108	30,0%	2 350	2 349		
Consultants: Business and advisory services		5 300	800	-	6 100	6 180	101,3%	38 022	38 022		
Laboratory services		-	300	-	300	281	93,7%	374	73		
Contractors		635	(245)	-	390	83	21,3%	389	371		
Agency and support / outsourced services		4 030	(1 970)	-	2 060	70	3,4%	1 450	1 450		
Entertainment		10	-	-	10	-	-	30	-		
Fleet services (including government motor transport)		1 766	839	-	2 605	2 239	86,0%	5 349	5 285		
Inventory: Food and food supplies		22	-	-	22	3	13,6%	41	12		
Inventory: Fuel, oil and gas		60	-	-	60	6	10,0%	65	36		
Inventory: Medical supplies		440	(386)	-	54	25	46,3%	340	321		
Inventory: Other supplies		200	(150)	-	50	34	68,0%	160	115		
Consumable supplies		556	-	-	556	582	104,7%	111	86		
Consumable: Stationery, printing and office supplies		1 549	(300)	-	1 249	360	28,8%	2 166	2 166		
Operating leases		490	-	-	490	473	96,5%	1 550	1 154		
Property payments		1 088	435	-	1 523	1 339	87,9%	684	623		
Travel and subsistence		5 053	877	(153)	5 777	4 500	77,9%	12 020	12 392		
Training and development		-	-	-	-	-	-	50	85		
Operating payments		3 233	70	-	3 303	3 603	109,1%	4 087	4 087		
Venues and facilities		100	111	-	211	210	99,5%	538	520		

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

	2018/19					2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>Transfers and subsidies</b>	<b>1 700 101</b>	<b>10</b>	<b>6 000</b>	<b>1 706 111</b>	<b>1 700 042</b>	<b>6 069</b>	<b>99,6%</b>	<b>1 499 286</b>	<b>1 499 287</b>	
Departmental agencies and accounts	1 699 961	-	6 000	1 705 961	1 699 961	6 000	99,6%	1 498 602	1 498 603	
Social security funds	3 836	-	-	3 836	3 836	-	100%	3 718	3 718	
Departmental agencies (non-business entities)	1 696 125	-	6 000	1 702 125	1 696 125	6 000	99,6%	1 494 884	1 494 885	
Households	140	10	-	150	81	69	54,0%	684	684	
Social benefits	140	10	-	150	81	69	54,0%	684	684	
<b>Payments for capital assets</b>	<b>2 441</b>	<b>-</b>	<b>-</b>	<b>2 441</b>	<b>251</b>	<b>2 190</b>	<b>10,3%</b>	<b>3 821</b>	<b>3 344</b>	
Machinery and equipment	2 441	-	-	2 441	251	2 190	10,3%	3 821	3 344	
Other machinery and equipment	2 441	-	-	2 441	251	2 190	10,3%	3 821	3 344	
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>44</b>	<b>44</b>	
<b>Total</b>	<b>1 796 546</b>	<b>-</b>	<b>8 498</b>	<b>1 805 044</b>	<b>1 783 058</b>	<b>21 986</b>	<b>98,8%</b>	<b>1 746 609</b>	<b>1 742 508</b>	

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2018

Economic classification	2018/19					2017/18			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>5 861</b>	<b>(223)</b>	-	<b>5 638</b>	<b>5 638</b>	-	<b>100,0%</b>	<b>5 936</b>	<b>5 936</b>
Compensation of employees	5 272	(862)	-	4 410	4 410	-	100,0%	4 852	4 852
Salaries and wages	4 497	(862)	-	3 635	3 999	(364)	110,0%	4 393	4 383
Social contributions	775	-	-	775	411	364	53,0%	459	469
Goods and services	589	639	-	1 228	1 228	-	100,0%	1 084	1 084
Minor assets	5	-	-	5	-	5	-	-	-
Catering: Departmental activities	5	-	-	5	-	5	-	2	-
Communication (G&S)	25	-	-	25	20	5	80,0%	30	23
Fleet services (including government motor transport)	31	39	-	70	55	15	78,6%	33	51
Inventory: Food and food supplies	5	-	-	5	1	4	20,0%	4	1
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	-	10	-
Operating leases	30	-	-	30	22	8	73,3%	-	-
Travel and subsistence	488	600	-	1 088	1 130	(42)	103,9%	625	632
Venues and facilities	-	-	-	-	-	-	-	380	377
<b>Transfers and subsidies</b>	<b>11</b>	<b>-</b>	<b>-</b>	<b>11</b>	<b>11</b>	<b>-</b>	<b>100,0%</b>	<b>63</b>	<b>63</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	3	3
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	3	3
Households	11	-	-	11	11	-	100,0%	60	60
Social benefits	11	-	-	11	11	-	100,0%	60	60
<b>Payments for capital assets</b>	<b>148</b>	<b>-</b>	<b>-</b>	<b>148</b>	<b>38</b>	<b>110</b>	<b>25,7%</b>	<b>565</b>	<b>263</b>
Machinery and equipment	148	-	-	148	38	110	25,7%	565	263
Other machinery and equipment	148	-	-	148	38	110	25,7%	565	263
<b>Total</b>	<b>6 020</b>	<b>(223)</b>	<b>-</b>	<b>5 797</b>	<b>5 687</b>	<b>110</b>	<b>98,1%</b>	<b>6 564</b>	<b>6 262</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>10 571</b>	-	-	<b>10 571</b>	<b>9 841</b>	<b>730</b>	<b>93,1%</b>	<b>9 809</b>	<b>9 406</b>
Compensation of employees	9 271	-	-	9 271	8 686	585	93,7%	8 080	8 080
Salaries and wages	8 259	-	-	8 259	7 610	650	92,1%	7 073	7 046
Social contributions	1 012	-	-	1 012	1 077	(65)	106,4%	1 007	1 034
Goods and services	1 300	-	-	1 300	1 155	145	88,8%	1 729	1 326
Minor assets	32	-	-	32	-	32		139	91
Catering: Departmental activities	15	-	-	15	5	10	33,3%	15	11
Communication (G&S)	25	-	-	25	29	(4)	116,0%	35	36
Consultants: Business and advisory services	-	-	-	-	-	-		50	38
Laboratory services	-	300	-	300	281	19	93,7%	334	73
Fleet services (including government motor transport)	15	-	-	15	27	(12)	180,0%	74	73
Inventory: Food and food supplies	5	-	-	5	-	5		9	-
Consumable supplies	-	-	-	-	2	(2)		15	-
Consumable: Stationery, printing and office supplies	443	(80)	-	363	149	214	41,0%	140	87
Operating leases	60	-	-	60	25	35	41,7%	50	42
Travel and subsistence	705	(220)	-	485	376	109	77,5%	858	873
Operating payments	-	-	-	-	261	(261)		10	2
<b>Transfers and subsidies</b>	-	-	-	-	-	-		<b>48</b>	<b>48</b>
Households	-	-	-	-	-	-		48	48
Social benefits	-	-	-	-	-	-		48	48
<b>Total</b>	<b>10 571</b>	-	-	<b>10 571</b>	<b>9 841</b>	<b>730</b>	<b>93,1%</b>	<b>9 857</b>	<b>9 454</b>

**6.3 Radiation Control and Health Technology**

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>14 099</b>	<b>(564)</b>	<b>2 498</b>	<b>16 033</b>	<b>8 016</b>	<b>8 017</b>	<b>50,0%</b>	<b>168 266</b>	<b>168 266</b>
Compensation of employees	10 919	930	2 498	14 347	7 174	7 173	50,0%	114 954	114 954
Salaries and wages	10 166	930	1 398	12 494	5 224	7 270	41,8%	100 809	102 141
Social contributions	753	-	1 100	1 853	1 950	(97)	105,2%	14 145	12 813

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019  
6.3 Radiation Control and Health Technology

Economic classification	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Goods and services	3 180	(1 494)	-	1 686	842	844	49,9%	53 312	53 312
Administrative fees	-	-	-	-	-	-	-	40	27
Advertising	100	(100)	-	-	-	-	-	100	72
Minor assets	140	(50)	-	90	2	88	2,2%	177	175
Catering: Departmental activities	70	-	-	70	7	63	10,0%	233	301
Communication (G&S)	-	-	-	-	76	(76)	-	800	836
Computer services	10	-	-	10	-	10	-	2 280	2 288
Consultants: Business and advisory services	100	(100)	-	-	-	-	-	34 564	32 735
Laboratory services	-	-	-	-	-	-	-	40	-
Contractors	20	100	-	120	54	66	45,0%	20	10
Agency and support / outsourced services	-	-	-	-	70	(70)	-	-	140
Entertainment	10	-	-	10	-	10	-	30	-
Fleet services (including government motor transport)	550	(100)	-	450	52	398	11,6%	3 965	3 908
Inventory: Food and food supplies	12	-	-	12	-	12	-	16	9
Inventory: Fuel, oil and gas	-	-	-	-	6	(6)	-	-	1
Inventory: Medical supplies	-	-	-	-	-	-	-	15	1
Inventory: Other supplies	-	-	-	-	34	(34)	-	50	2
Consumable supplies	50	-	-	50	79	(29)	158,0%	68	81
Consumable: Stationery, printing and office supplies	290	(150)	-	140	38	102	27,1%	531	1 267
Operating leases	-	-	-	-	129	(129)	-	1 200	832
Property payments	-	-	-	-	98	(98)	-	-	38
Travel and subsistence	1 625	(994)	-	631	97	534	15,4%	8 177	9 002
Training and development	-	-	-	-	-	-	-	-	85
Operating payments	103	-	-	103	100	3	97,1%	863	1 359
Venues and facilities	100	(100)	-	-	-	-	-	143	143
<b>Transfers and subsidies</b>	<b>120</b>	<b>-</b>	<b>-</b>	<b>120</b>	<b>60</b>	<b>60</b>	<b>50,0%</b>	<b>408</b>	<b>408</b>
Households	120	-	-	120	60	60	50,0%	408	408
Social benefits	120	-	-	120	60	60	50,0%	408	408
<b>Payments for capital assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>546</b>	<b>546</b>
Machinery and equipment	-	-	-	-	-	-	-	546	546
Other machinery and equipment	-	-	-	-	-	-	-	546	546
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>29</b>	<b>29</b>
<b>Total</b>	<b>14 219</b>	<b>(564)</b>	<b>2 498</b>	<b>16 153</b>	<b>8 076</b>	<b>8 077</b>	<b>50,0%</b>	<b>169 249</b>	<b>169 249</b>

Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

6.4 Public Entities Management

Economic classification	2018/19						2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>3 938</b>	<b>787</b>	-	<b>4 725</b>	<b>4 067</b>	<b>658</b>	<b>86,1%</b>	<b>4 385</b>	<b>4 040</b>
Compensation of employees	3 667	(68)	-	3 599	3 599	-	100,0%	3 368	3 368
Salaries and wages	3 012	(68)	-	2 944	3 169	(225)	107,6%	2 975	2 967
Social contributions	655	-	-	655	430	225	65,6%	393	401
Goods and services	271	855	-	1 126	468	658	41,6%	1 017	672
Advertising	86	-	-	86	49	37	57,0%	200	244
Minor assets	-	-	-	-	-	-	-	21	14
Catering: Departmental activities	10	-	-	10	3	7	30,0%	25	23
Communication (G&S)	19	100	-	119	53	66	44,5%	45	46
Consultants: Business and advisory services	-	-	-	-	-	-	-	150	-
Fleet services (including government motor transport)	-	100	-	100	30	70	30,0%	2	1
Inventory: Food and food supplies	-	-	-	-	1	(1)	-	2	2
Consumable: Stationery, printing and office supplies	86	-	-	86	43	43	50,0%	290	187
Travel and subsistence	65	655	-	720	289	431	40,1%	157	135
Operating payments	5	-	-	5	-	5	-	110	20
Venues and facilities	-	-	-	-	-	-	-	15	-
<b>Transfers and subsidies</b>	<b>1 696 134</b>	-	<b>6 000</b>	<b>1 702 134</b>	<b>1 696 125</b>	<b>6 009</b>	<b>99,6%</b>	<b>1 494 881</b>	<b>1 494 882</b>
Departmental agencies and accounts	1 696 125	-	6 000	1 702 125	1 696 125	6 000	99,6%	1 494 881	1 494 882
Departmental agencies (non-business entities)	1 696 125	-	6 000	1 702 125	1 696 125	6 000	99,6%	1 494 881	1 494 882
Households	9	-	-	9	-	9	-	-	-
Social benefits	9	-	-	9	-	9	-	-	-
<b>Total</b>	<b>1 700 072</b>	<b>787</b>	<b>6 000</b>	<b>1 706 859</b>	<b>1 700 192</b>	<b>6 667</b>	<b>99,6%</b>	<b>1 499 266</b>	<b>1 498 922</b>

6.5 Compensation Commissioner for Occupational Diseases

Economic classification	2018/19				2017/18				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>59 535</b>	<b>(10)</b>	-	<b>59 525</b>	<b>55 203</b>	<b>4 322</b>	<b>92,7%</b>	<b>55 062</b>	<b>52 185</b>
Compensation of employees	35 149	-	153	35 302	35 302	-	100,0%	36 175	33 298
Salaries and wages	30 469	-	153	30 622	29 835	787	97,4%	31 053	28 193
Social contributions	4 680	-	-	4 680	5 467	(787)	116,8%	5 122	5 105
Goods and services	24 386	(10)	(153)	24 223	19 901	4 322	82,2%	18 887	18 887



Health Vote 16  
Appropriation Statement for the Year ended 31 March 2019

Economic classification		2018/19							2017/18		
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000	
Advertising	80	(80)	-	-	-	-	-	-	-	-	
Minor assets	70	-	-	70	7	63	10,0%	150	80		
Audit costs: External	2 900	203	-	3 103	2 677	426	86,3%	3 361	3 352		
Catering: Departmental activities	47	-	-	47	21	26	44,7%	30	25		
Communication (G&S)	1 105	(364)	-	741	549	192	74,1%	850	778		
Computer services	450	(100)	-	350	108	242	30,9%	70	61		
Consultants: Business and advisory services	5 200	900	-	6 100	6 180	(80)	101,3%	3 258	5 249		
Contractors	615	(345)	-	270	29	241	10,7%	369	361		
Agency and support / outsourced services	4 030	(1 970)	-	2 060	-	2 060	-	1 450	1 310		
Fleet services (including government motor transport)	1 170	800	-	1 970	2 075	(105)	105,3%	1 275	1 252		
Inventory: Food and food supplies	-	-	-	-	1	(1)	-	10	-		
Inventory: Fuel, oil and gas	60	-	-	60	-	60	-	65	35		
Inventory: Medical supplies	440	(386)	-	54	25	29	46,3%	325	320		
Inventory: Other supplies	200	(150)	-	50	-	50	-	110	113		
Consumable supplies	506	-	-	506	501	5	99,0%	28	5		
Consumable: Stationery, printing and office supplies	730	(70)	-	660	130	530	19,7%	1 195	625		
Operating leases	400	-	-	400	297	103	74,3%	300	280		
Property payments	1 088	435	-	1 523	1 241	282	81,5%	684	585		
Travel and subsistence	2 170	836	(153)	2 853	2 608	245	91,4%	2 203	1 750		
Training and development	-	-	-	-	-	-	-	50	-		
Operating payments	3 125	70	-	3 195	3 242	(47)	101,5%	3 104	2 706		
Venues and facilities	-	211	-	211	210	1	99,5%	-	-		
<b>Transfers and subsidies</b>	<b>3 836</b>	<b>10</b>	-	<b>3 846</b>	<b>3 846</b>	-	<b>100,0%</b>	<b>3 886</b>	<b>3 886</b>		
Departmental agencies and accounts	3 836	-	-	3 836	3 836	-	100,0%	3 718	3 718		
Social security funds	3 836	-	-	3 836	3 836	-	100,0%	3 718	3 718		
Households	-	10	-	10	10	-	100,0%	168	168		
Social benefits	-	10	-	10	10	-	100,0%	168	168		
<b>Payments for capital assets</b>	<b>2 293</b>	-	-	<b>2 293</b>	<b>213</b>	<b>2 080</b>	<b>9,3%</b>	<b>2 710</b>	<b>2 535</b>		
Machinery and equipment	2 293	-	-	2 293	213	2 080	9,3%	2 710	2 535		
Other machinery and equipment	2 293	-	-	2 293	213	2 080	9,3%	2 710	2 535		
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15</b>	<b>15</b>		
<b>Total</b>	<b>65 664</b>	<b>-</b>	<b>-</b>	<b>65 664</b>	<b>59 262</b>	<b>6 402</b>	<b>90,3%</b>	<b>61 673</b>	<b>58 621</b>		

**Health Vote 16****Notes to the Appropriation Statement for the Year ended 31 March 2019****1 Detail of transfers and subsidies as per Appropriation Act (after Virement):**

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

**2 Detail of specifically and exclusively appropriated amounts voted (after Virement):**

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

**3 Detail on payments for financial assets**

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

**4 Explanations of material variances from Amounts Voted (after Virement):**

4.1 Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	524 146	471 683	52 463	10%

The underspending on Goods & Services can mainly be attributed to the following: Improved efficiency and controls to reduce expenditure; the procurement process to appoint medico-legal experts committees took longer than anticipated; fewer applications for bursaries and training were received and invoices received at year-end could not be paid timeously

National Health Insurance, Health Planning and System Enablement	1 892 199	1 333 991	558 208	30%
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The funds allocated for beds and linen during the Adjustment's Budget could not be spend before year-end. Spending of the Centralised Chronic Medicines Dispensing and Distribution project were hampered with due to a province that decided not to expand the programme to all its districts and another province who would not include cold chain items, therefore reducing the number of patients eligible for enrolment drastically. The medicines stock system's hardware specifications were developed and orders were placed in the last quarter, while the G-commerce system was halted due to software problems. Other underspending is due to the delays in procurement processes.

HIV & AIDS, TB, Maternal and Child Health	20 699 057	20 626 825	72 232	0%
Primary Health Care Services	279 736	248 090	31 646	11%

Challenges were experienced in procuring uniforms for the Port Health staff. The communication campaign on elimination of malaria and the Chronic Disease Prevention and Health Promotion allocation is delayed due to procurement processes.

Hospitals, Tertiary Services & Human Resource Development	22 308 192	22 130 938	177 254	1%
Health Regulation and Compliance Management	1 805 044	1 783 058	21 986	1%

4.2 Per economic classification	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Appropriation R'000
<b>Current expenditure</b>				
Compensation of employees	828 814	793 199	35 615	4%
Goods and services	2 416 797	1 788 797	628 000	26%
<b>Transfers and subsidies</b>				
Provinces and municipalities	41 364 098	41 364 098	-	0%
Departmental agencies and accounts	1 725 980	1 719 556	6 424	0%
Non-profit institutions	165 861	161 167	4 694	3%
Households	2 225	2 152	73	3%
<b>Payments for capital assets</b>				
Buildings and other fixed structures	563 073	591 035	(27 962)	-5%
Machinery and equipment	440 994	174 581	266 413	60%
Software and Intangible assets	532	-	532	100%

## Health Vote 16

## Notes to the Appropriation Statement for the Year ended 31 March 2019

## Payments for financial assets

**Compensation of Employees:**

Vacant posts were not filled.

**Goods and Services:**

The underspending is mainly at the in-direct grants. The funds allocated for the further planning of the Limpopo Central Hospital as well as the grant allocated to procure linen during the Adjustment's Budget could not be spend before year-end. Spending of the Centralised Chronic Medicines Dispensing and Distribution project were hampered with due to a province that decided not to expand the programme to all its districts and another province who would not include cold chain items, therefore reducing the number of patients eligible for enrolment drastically. The medicines stock system's hardware specifications were developed and orders were placed in the last quarter, while the G-commerce system was halted due to software problems. Other underspending is due to the delays in procurement processes.

**Transfer and Subsidies:**

Approval to vire funds to a departmental agency was received too late for payment in the financial year. A non-profit organisation rejected funding.

**Payment for capital assets:**

Funds were shifted from buildings to machinery & equipment and goods & services, resulting in overspending of the capital projects at health facilities. A tender for procurement of servers for the four Forensic Chemistry Laboratories was awarded the last week of the financial year. The funds allocated for the commissioning of, and the purchasing of medical equipment for the Limpopo Central Hospital Funds as well as procuring of hospital beds which were allocated during the Adjustments Budget, could not be spend timeously.

4.3 Per conditional grant	Final	Actual Expenditure	Variance	Variance as a % of Final
	Appropriation			Appropriation
	R'000	R'000	R'000	R'000
<b>Direct Grants</b>				
National Tertiary Services	12 400 703	12 400 703	0	0%
Comprehensive HIV/AIDS and TB	19 921 697	19 921 697	0	0%
Health Facility Revitalisation	6 057 202	6 057 202	0	0%
Health Professions Training and Development	2 784 496	2 784 496	0	0%
National Health Insurance	200 000	200 000	0	0%
<b>Indirect Grants</b>				
NHI Indirect Health Facilities Infrastructure	836 359	706 241	130 118	16%
NHI Indirect Human Papilloma Virus Vaccine	30 000	27 794	2 206	7%
NHI Indirect Personal Services	891 500	590 427	301 073	34%
NHI Indirect Non-personal Services	700 000	500 042	199 958	29%

**NHI Indirect Health Facilities Infrastructure:**

Funds allocated for the Limpopo Central Hospital did not flow as expected due to specifications and other procurement processes.

**NHI Indirect Human Papillomavirus Vaccine:**

Claims received from provinces were less than expected.

**NHI Indirect Personal Services:**

Funds allocated for beds and linen during the Adjustments Budget could not be spend due to procurement processes. Savings under Health Professional Contracting realise due to lower reimbursement rates.

**NHI Indirect Non-personal Services:**

Spending of the Centralised Chronic Medicines Dispensing and Distribution project were hampered with due to a province that decided not to expand the programme to all its districts and another province who would not include cold chain items, therefore reducing the number of patients eligible for enrolment drastically. The medicines stock system's hardware specifications were developed and orders were placed in the last quarter, while the G-commerce system was halted due to software problems.

## Health Vote 16

## Statement of Financial Performance for the Year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>REVENUE</b>			
Annual appropriation	1	47 508 374	42 645 557
Departmental revenue	2	6 013	76 056
Aid assistance	3	973 334	928 153
<b>TOTAL REVENUE</b>		<b>48 487 721</b>	<b>43 649 766</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	4	793 198	856 263
Goods and services	5	1 788 799	1 625 578
Aid assistance	3	745 341	744 687
<b>Total current expenditure</b>		<b>3 327 338</b>	<b>3 226 528</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	7	43 246 972	39 254 610
<b>Total transfers and subsidies</b>		<b>43 246 972</b>	<b>39 254 610</b>
<b>Expenditure for capital assets</b>			
Tangible assets	8	768 053	706 847
Intangible assets	8	-	-
<b>Total expenditure for capital assets</b>		<b>768 053</b>	<b>706 847</b>
<b>Payments for financial assets</b>	6	-	237
<b>TOTAL EXPENDITURE</b>		<b>47 342 363</b>	<b>43 188 222</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>1 145 358</b>	<b>461 544</b>
<b>Reconciliation of Net Surplus/(Deficit) for the year</b>			
Voted funds		913 789	220 866
Annual appropriation	12	388 309	220 866
Funds not requested/ not received	12	525 480	-
Conditional grants		-	-
Departmental revenue and NRF Receipts	13	6 013	76 056
Aid assistance	3	225 556	164 622
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>1 145 358</b>	<b>461 544</b>

## Health Vote 16

## Statement of Financial Position for the Year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>ASSETS</b>			
<b>Current assets</b>		<b>669 924</b>	<b>417 567</b>
Cash and cash equivalents	<u>9</u>	246 473	313 542
Prepayments and advances	<u>10</u>	316 519	64 054
Receivables	<u>11</u>	106 932	39 971
<b>Non-current assets</b>		<b>29 207</b>	<b>31 195</b>
Receivables	<u>11</u>	29 207	31 195
<b>TOTAL ASSETS</b>		<b>699 131</b>	<b>448 762</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>		<b>691 136</b>	<b>440 742</b>
Voted funds to be surrendered to the Revenue Fund	<u>12</u>	388 309	220 866
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	<u>13</u>	1 229	2 448
Payables	<u>14</u>	76 042	52 806
Aid assistance repayable	<u>3.1</u>	225 556	164 622
Aid assistance unutilised	<u>3.1</u>	-	-
<b>TOTAL LIABILITIES</b>		<b>691 136</b>	<b>440 742</b>
<b>NET ASSETS</b>		<b>7 995</b>	<b>8 020</b>
<b>Represented by:</b>			
Recoverable revenue		7 995	8 020
<b>TOTAL</b>		<b>7 995</b>	<b>8 020</b>

**Health Vote 16****Statement of Changes in Net Assets for the Year ended 31**

	Note	2018/19 R'000	2017/18 R'000
<b>Recoverable revenue</b>			
Opening balance		8 020	2 222
Transfers:		(25)	5 798
Irrecoverable amounts written off	<u>6.1</u>	-	(237)
Debts recovered (included in departmental receipts)		(391)	(472)
Debts raised		366	6 507
Closing balance		7 995	8 020
<b>TOTAL</b>		<b>7 995</b>	<b>8 020</b>

## Health Vote 16

## Cash Flow Statement for the Year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts		<b>47 962 241</b>	<b>43 649 766</b>
Annual appropriated funds received	<u>1.1</u>	46 982 894	42 645 557
Departmental revenue received	<u>2</u>	4 160	71 488
Interest received	<u>2.2</u>	1 853	4 568
Aid assistance received	<u>3</u>	973 334	928 153
Net (increase)/decrease in working capital		(294 202)	(115 287)
Surrendered to Revenue Fund		(228 098)	(186 965)
Surrendered to RDP Fund/Donor		(164 622)	(25 921)
Current payments		(3 327 338)	(3 226 528)
Payments for financial assets		-	(237)
Transfers and subsidies paid		(43 246 972)	(39 254 610)
<b>Net cash flow available from operating activities</b>	<u>15</u>	<b>701 009</b>	<b>840 218</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	<u>8</u>	(768 053)	(706 847)
Proceeds from sales of capital assets	<u>2.3</u>		
<b>Net cash flows from investing activities</b>		<b>(768 053)</b>	<b>(706 847)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Distribution/dividend received			
Increase/(decrease) in net assets		(25)	5 798
<b>Net cash flows from financing activities</b>		<b>(25)</b>	<b>5 798</b>
Net increase/(decrease) in cash and cash equivalents		(67 069)	138 169
Cash and cash equivalents at beginning of period		313 542	174 373
<b>Cash and cash equivalents at end of period</b>	<u>9</u>	<b>246 473</b>	<b>313 542</b>

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## Accounting Policies for the Year ended 31 March 2019

<b>Summary of significant accounting policies</b>	
<p>The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.</p> <p>The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.</p> <p>Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.</p>	
<b>1</b>	<p><b>Basis of preparation</b> The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
<b>2</b>	<p><b>Going concern</b> The financial statements have been prepared on a going concern basis.</p>
<b>3</b>	<p><b>Presentation currency</b> Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
<b>4</b>	<p><b>Rounding</b> Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
<b>5</b>	<p><b>Foreign currency translation</b> Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.</p>
<b>6</b>	<p><b>Comparative information</b></p>
<b>6.1</b>	<p><b>Prior period comparative information</b> Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.</p>
<b>6.2</b>	<p><b>Current year comparison with budget</b> A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>
<b>7</b>	<p><b>Revenue</b></p>
<b>7.1</b>	<p><b>Appropriated funds</b> Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
<b>7.2</b>	<p><b>Departmental revenue</b> Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
<b>7.3</b>	<p><b>Accrued departmental revenue</b> Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> <li>• it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and</li> <li>• the amount of revenue can be measured reliably.</li> </ul> <p>The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off processes.</p>
<b>8</b>	<p><b>Expenditure</b></p>
<b>8.1</b>	<p><b>Compensation of employees</b></p>
<b>8.1.1</b>	<p><b>Salaries and wages</b> Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
<b>8.1.2</b>	<p><b>Social contributions</b> Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>
<b>8.2</b>	<p><b>Other expenditure</b> Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p>
<b>8.3</b>	<p><b>Accruals and payables not recognised</b> Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date</p>
<b>8.4</b>	<p><b>Leases</b></p>



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**Accounting Policies for the Year ended 31 March 2019**

<b>8.4.1</b>	<p><b>Operating leases</b>  Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.  The operating lease commitments are recorded in the notes to the financial statements.</p>
<b>8.4.2</b>	<p><b>Finance leases</b>  Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.  The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.  Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> <li>• cost, being the fair value of the asset; or</li> <li>• the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</li> </ul>
<b>9</b>	<b>Aid assistance</b>
<b>9.1</b>	<p><b>Aid assistance received</b>  Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.  Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.</p>
<b>9.2</b>	<p><b>Aid assistance paid</b>  Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.</p>
<b>10</b>	<p><b>Cash and cash equivalents</b>  Cash and cash equivalents are stated at cost in the statement of financial position.  Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.  For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
<b>11</b>	<p><b>Prepayments and advances</b>  Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.  Prepayments and advances are initially and subsequently measured at cost.  Advances are expensed on receipt of proof of expenditure incurred.</p>
<b>12</b>	<p><b>Loans and receivables</b>  Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
<b>13</b>	<p><b>Investments</b>  Investments are recognised in the statement of financial position at cost.</p>
<b>14</b>	<b>Financial assets</b>
<b>14.1</b>	<p><b>Financial assets</b>  A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.  At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>
<b>14.2</b>	<p><b>Impairment of financial assets</b>  Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
<b>15</b>	<p><b>Payables</b>  Payables recognised in the statement of financial position are recognised at cost.</p>
<b>16</b>	<b>Capital Assets</b>
<b>16.1</b>	<p><b>Immovable capital assets</b>  Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost of fair value where the cost cannot be determined reliably.  Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition.  Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.  Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.  Additional information on immovable assets not reflected in the assets register is provided in the note to financial statements.</p>
<b>16.2</b>	<p><b>Movable capital assets</b>  Movable capital assets are initially recorded in the notes to the financial statements at cost.  Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.  Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.  All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.  Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.  Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>

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16.3	<p><b>Intangible assets</b>  Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.  Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.  Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.  All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.  Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.  Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.4	<p><b>Project Costs: Work-in-progress</b>  Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.  Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.  Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
17	<p><b>Provisions and Contingents</b></p>
17.1	<p><b>Provisions</b>  Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.2	<p><b>Contingent liabilities</b>  Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
17.3	<p><b>Contingent assets</b>  Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
17.4	<p><b>Commitments</b>  Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
18	<p><b>Unauthorised expenditure</b>  Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> <li>• approved by Parliament or the Provincial Legislature with funding and the related funds are received; or</li> <li>• approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or</li> <li>• transferred to receivables for recovery.</li> </ul> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
19	<p><b>Fruitless and wasteful expenditure</b>  Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.  Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.  Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
20	<p><b>Irregular expenditure</b>  Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.  Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.  Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
21	<p><b>Changes in accounting policies, accounting estimates and errors</b>  Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.  Changes in accounting estimates are applied prospectively in accordance with MCS requirements.  Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
22	<p><b>Events after the reporting date</b>  Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>

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23	<p><b>Principal-Agent arrangements</b>  The Department is party to a principal-agent arrangement for Development Bank of Southern Africa - Management of Infrastructure and Refurbishment projects; COEGA Development Corporation - Management of Infrastructure project. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
24	<p><b>Departures from the MCS requirements</b>  Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with all the requirements of the Standard.</p>
25	<p><b>Capitalisation reserve</b>  The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.</p>
26	<p><b>Recoverable revenue</b>  Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
27	<p><b>Related party transactions</b>  A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.  Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
28	<p><b>Inventories (Effective from 1 April 2017)</b>  At the date of acquisition, inventories are recognised at cost in the statement of financial performance.  Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.  Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.  The cost of inventories is assigned by using the weighted average cost basis.</p>
29	<p><b>Public-Private Partnerships</b>  Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.  A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.</p>
30	<p><b>Employee benefits</b>  The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**1. Annual Appropriation****1.1 Annual Appropriation**

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	Final Appropriation	Actual Funds Received	2018/19 Funds not requested/not received	Final Appropriation	2017/18 Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	537 146	550 268	(13 122)	514 838	514 838
National Health Insurance, Health Planning and Systems	1 848 199	1 670 418	177 781	934 687	934 687
HIV and AIDS, Tuberculosis, Maternal and Child Health	20 714 057	20 687 057	27 000	18 297 778	18 297 778
Primary Health Care Services	301 736	301 496	240	263 899	263 899
Hospitals, Tertiary Health Services and Hu- man Resource	22 310 690	21 998 109	312 581	20 907 784	20 907 784
Health Regulation and Compliance Man- agement	1 796 546	1 775 546	21 000	1 726 571	1 726 571
<b>Total</b>	<b>47 508 374</b>	<b>46 982 894</b>	<b>525 480</b>	<b>42 645 557</b>	<b>42 645 557</b>

**1.2 Conditional grants**

	Note	2018/19 R'000	2017/18 R'000
Total grants received	36	2 457 859	1 633 037
Provincial grants included in Total Grants received		20 918 400	37 570 226

**2. Departmental revenue**

	Note	2018/19 R'000	2017/18 R'000
Sales of goods and services other than capital assets	2.1	3 573	67 180
Interest, dividends and rent on land	2.2	1 853	4 568
Transactions in financial assets and liabilities	2.4	587	4 308
Total revenue collected		6 013	76 056
<b>Departmental revenue collected</b>		<b>6 013</b>	<b>76 056</b>

**2.1 Sales of goods and services other than capital assets**

	Note	2018/19 R'000	2017/18 R'000
Sales of goods and services produced by the department	2	3 572	67 149
Sales by market establishment		142	153
Administrative fees		3 040	66 617
Other sales		390	379
Sales of scrap, waste and other used current goods		1	31
<b>Total</b>		<b>3 573</b>	<b>67 180</b>

**2.2 Interest, dividends and rent on land**

	Note	2018/19 R'000	2017/18 R'000
Interest	2	1 853	4 568
<b>Total</b>		<b>1 853</b>	<b>4 568</b>

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## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**2.3 Transactions in financial assets and liabilities**

	Note	2018/19	2017/18
	2	R'000	R'000
Receivables		292	424
Stale cheques written back		18	12
Other Receipts including Recoverable Revenue		277	3 872
<b>Total</b>		<b>587</b>	<b>4 308</b>

**3. Aid assistance**

	Note	2018/19	2017/18
		R'000	R'000
Opening Balance		164 622	25 921
Prior period error			
As restated		164 622	25 921
Transferred from statement of financial performance	3.1	225 556	164 622
Paid during the year		(164 622)	(25 921)
<b>Closing Balance</b>		<b>225 556</b>	<b>164 622</b>

**3.1 Analysis of balance by source**

	Note	2018/19	2017/18
		R'000	R'000
Aid assistance from RDP	3	225 453	164 622
Aid assistance from other sources		103	-
<b>Closing balance</b>		<b>225 556</b>	<b>164 622</b>

**3.2 Analysis of balance**

	Note	2018/19	2017/18
		R'000	R'000
Aid assistance unutilised	3		-
Aid assistance repayable		225 556	164 622
<b>Closing balance</b>		<b>225 556</b>	<b>164 622</b>

**3.3 Aid assistance expenditure per economic classification**

	Note	2018/19	2017/18
		R'000	R'000
Current	3	745 341	744 687
Capital		2 437	18 844
Transfers and subsidies		-	-
<b>Total aid assistance expenditure</b>		<b>747 778</b>	<b>763 531</b>

**4. Compensation of employees****4.1 Salaries and Wages**

	Note	2018/19	2017/18
		R'000	R'000
Basic salary		539 859	580 718
Performance award		9 161	11 252
Service Based		1 022	881
Compensative/circumstantial		20 137	23 623
Other non-pensionable allowances		118 527	131 263
<b>Total</b>		<b>688 706</b>	<b>747 737</b>

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## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**4.2 Social contributions**

	<i>Note</i>	<b>2018/19</b>	<b>2017/18</b>
		<b>R'000</b>	<b>R'000</b>
<b>Employer contributions</b>			
Pension		70 665	74 669
Medical		33 707	33 729
Bargaining council		120	128
<b>Total</b>		<b>104 492</b>	<b>108 526</b>
<b>Total compensation of employees</b>			
		<b>793 198</b>	<b>856 263</b>
Average number of employees			
		1 468	1 837

**5. Goods and services**

	<i>Note</i>	<b>2018/19</b>	<b>2017/18</b>
		<b>R'000</b>	<b>R'000</b>
Administrative fees		196	213
Advertising		4 487	13 300
Minor assets	5.1	5 657	11 297
Bursaries (employees)		921	692
Catering		3 048	2 941
Communication		12 273	13 661
Computer services	5.2	66 037	45 003
Consultants: Business and advisory services		289 266	272 817
Laboratory services		567	73
Legal services		3 718	6 713
Contractors		512 375	561 905
Agency and support / outsourced services		351 390	34 869
Entertainment		41	12
Audit cost – external	5.3	19 875	25 549
Fleet services		60 224	81 909
Inventory	5.4	130 512	184 045
Consumables	5.5	11 067	17 371
Operating leases		121 730	134 093
Property payments	5.6	34 258	28 966
Rental and hiring		451	176
Travel and subsistence	5.7	83 222	90 384
Venues and facilities		8 511	10 529
Training and development		3 428	5 487
Other operating expenditure	5.8	65 545	83 573
<b>Total</b>		<b>1 788 799</b>	<b>1 625 578</b>

**5.1 Minor assets**

	<i>Note</i>	<b>2018/19</b>	<b>2017/18</b>
		<b>R'000</b>	<b>R'000</b>
<b>Tangible assets</b>			
Machinery and equipment	5	5 657	11 297
<b>Total</b>		<b>5 657</b>	<b>11 297</b>

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## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**5.2 Computer Services**

	Note	2018/19	2017/18
	5	R'000	R'000
SITA computer services		5 087	9 332
External computer service providers		60 950	35 671
<b>Total</b>		<b>66 037</b>	<b>45 003</b>

**5.3 Audit cost – External**

	Note	2018/19	2017/18
	5	R'000	R'000
Regularity audits		19 875	25 549
<b>Total</b>		<b>19 875</b>	<b>25 549</b>

**5.4 Inventory**

	Note	2018/19	2017/18
	5	R'000	R'000
Clothing material and accessories		477	802
Farming supplies		-	2 016
Food and food supplies		86	161
Fuel, oil and gas		802	2 067
Materials and supplies		-	-
Medical supplies		74 136	83 160
Medicine		43 988	86 407
Other supplies	5.4.1	11 023	9 432
<b>Total</b>		<b>130 512</b>	<b>184 045</b>

**5.4.1 Other supplies**

	Note	2018/19	2017/18
		R'000	R'000
Laboratory chemicals		3 938	2 815
Laboratory supplies		-	6 615
Paper/plastic		7 085	2
<b>Total</b>		<b>11 023</b>	<b>9 432</b>

**5.5 Consumables**

	Note	2018/19	2017/18
	5	R'000	R'000
Consumable supplies		1 666	2 207
Uniform and clothing		500	600
Household supplies		904	441
Building material and supplies		12	23
Communication accessories		7	2
IT consumables		215	1 074
Other consumables		28	67
Stationery, printing and office supplies		9 401	15 164
<b>Total</b>		<b>11 067</b>	<b>17 371</b>

**5.6 Property payments**

	Note	2018/19	2017/18
	5	R'000	R'000
Municipal services		25 260	23 113
Property management fees		1 705	1 108
Other		7 293	4 745
<b>Total</b>		<b>34 258</b>	<b>28 966</b>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**5.7 Travel and subsistence**

	Note	2018/19	2017/18
	5	R'000	R'000
Local		67 294	71 427
Foreign		15 928	18 957
<b>Total</b>		<b>83 222</b>	<b>90 384</b>

**5.8 Other operating expenditure**

	Note	2018/19	2017/18
	5	R'000	R'000
Professional bodies, membership and subscription fees		51 188	62 177
Resettlement costs		786	307
Other		13 571	21 089
<b>Total</b>		<b>65 545</b>	<b>83 573</b>

**6. Payments for financial assets**

	Note	2018/19	2017/18
		R'000	R'000
Debts written off	6.1	-	237
<b>Total</b>		<b>-</b>	<b>237</b>

**6.1 Debts written off**

	Note	2018/19	2017/18
	6	R'000	R'000
<b>Recoverable revenue written off</b>			
Salary debt		-	10
Tax debt		-	-
Debts written off relating to fruitless and wasteful expenditure		-	-
Bursary debt		-	100
Telephone debt		-	-
Travel and subsistence		-	-
Leave without pay		-	-
Other		-	1
Loss of State Property		-	126
<b>Total</b>		<b>-</b>	<b>237</b>
<b>Total debt written off</b>		<b>-</b>	<b>237</b>

**7. Transfers and subsidies**

	Note	2018/19	2017/18
		R'000	R'000
Provinces and municipalities	36	41 364 098	37 570 226
Departmental agencies and accounts	Annex 1A	1 719 555	1 518 472
Non-profit institutions	Annex 1D	161 167	155 374
Households	Annex 1E	2 152	10 538
<b>Total</b>		<b>43 246 972</b>	<b>39 254 610</b>



## Vote 16

Notes to the Annual Financial Statements for the Year ended 31 March 2019

**8. Expenditure for capital assets**

	Note	2018/19 R'000	2017/18 R'000
<b>Tangible assets</b>		768 053	706 847
Buildings and other fixed structures	31.1	591 735	590 439
Machinery and equipment	29	176 318	116 408
<b>Intangible assets</b>		-	-
Software	30	-	-
<b>Total</b>		<b>768 053</b>	<b>706 847</b>

**8.1 Analysis of funds utilised to acquire capital assets – 2018/19**

	Voted funds R'000	Aid assistance R'000	Total R'000
<b>Tangible assets</b>	765 616	2 437	768 053
Buildings and other fixed structures	591 035	700	591 735
Machinery and equipment	174 581	1 737	176 318
<b>Total</b>	<b>765 616</b>	<b>2 437</b>	<b>768 053</b>

**8.2 Analysis of funds utilised to acquire capital assets – 2017/18**

	Voted funds R'000	Aid assistance R'000	Total R'000
<b>Tangible assets</b>	688 003	18 844	706 847
Buildings and other fixed structures	577 139	13 300	590 439
Machinery and equipment	110 864	5 544	116 408
<b>Intangible assets</b>			
Software			
<b>Total</b>	<b>688 003</b>	<b>18 844</b>	<b>706 847</b>

**9. Cash and cash equivalents**

	Note	2018/19 R'000	2017/18 R'000
Consolidated Paymaster General Account		246 448	313 517
Cash receipts		-	-
Cash on hand		25	25
<b>Total</b>		<b>246 473</b>	<b>313 542</b>

**10. Prepayments and advances**

	Note	2018/19 R'000	2017/18 R'000
Travel and subsistence		30	23
Advances paid (Not expensed)	10.1	316 489	64 031
<b>Total</b>		<b>316 519</b>	<b>64 054</b>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

## 10.1 Advances paid (Not expensed)

	Note	Balance as at 1 April 2018 R'000	Less: Amount expensed in current year R'000	Add: Current year advances R'000	Balance as at 31 March 2019 R'000
National departments	Anx7A	7 192	(5 393)	23 751	25 550
Provincial departments	Anx7A	2 550	(185 702)	229 947	46 795
Public entities	Anx7A	54 289	(529 632)	719 487	244 144
<b>Total</b>		<b>64 031</b>	<b>(720 727)</b>	<b>973 185</b>	<b>316 489</b>

	Note	Balance as at 1 April 2017 R'000	Less: Amount expensed in current year R'000	Add: Current year advances R'000	Balance as at 31 March 2018 R'000
Advances paid (not expensed)		<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>
National departments	Anx7A	5 018	(15 422)	17 596	7 192
Provincial departments	Anx7A	2 193	(10 061)	10 418	2 550
Public entities	Anx7A	61 999	(337 361)	329 651	54 289
<b>Total</b>		<b>69 210</b>	<b>(362 844)</b>	<b>357 665</b>	<b>64 031</b>

## 11. Receivables

	Note	2018/19			2017/18		
		Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000	Total R'000
Claims recoverable	11.1						
	Anx3	99 706	26 643	126 349	32 835	28 885	61 720
Recoverable expenditure	15.3	(16)	-	(16)	(106)	-	(106)
Staff debt	15.4	6 253	243	6 496	6 544	317	6 861
Fruitless and wasteful expenditure	15.6	70	-	70	2	-	2
Other debtors	15.5	919	2 321	3 240	696	1 993	2 689
<b>Total</b>		<b>106 932</b>	<b>29 207</b>	<b>136 139</b>	<b>39 971</b>	<b>31 195</b>	<b>71 166</b>

## 11.1 Claims recoverable

	Note	2018/19 R'000	2017/18 R'000
National departments	11	16	8
Provincial departments		3 390	2 429
Public entities		97 709	59 283
Private enterprises		25 234	-
<b>Total</b>		<b>126 349</b>	<b>61 720</b>

## 11.2 Recoverable expenditure (disallowance accounts)

	Note	2018/19 R'000	2017/18 R'000
Salary disallowance account	11	(16)	(106)
<b>Total</b>		<b>(16)</b>	<b>(106)</b>

## 11.3 Staff debt

	Note	2018/19 R'000	2017/18 R'000
Bursary debt	11	237	528
Salary over payment		14	14
Leave without Pay		212	291
Other		12	-
Loss/damage to State property		101	107
Fruitless and wasteful expenditure		5 920	5 921
<b>Total</b>		<b>6 496</b>	<b>6 861</b>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**11.4 Other debtors**

	Note	2018/19	2017/18
	11	R'000	R'000
Schedule 9 medication		49	47
Ex-employees		3 191	2 642
<b>Total</b>		<b>3 240</b>	<b>2 689</b>

**11.5 Fruitless and wasteful expenditure**

	Note	2018/19	2017/18
	11	R'000	R'000
Opening balance		2	-
Less amounts recovered		-	-
Transfers from note 32 Fruitless and Wasteful expenditure		68	2
<b>Total</b>		<b>70</b>	<b>2</b>

**11.6 Impairment of receivables**

	Note	2018/19	2017/18
		R'000	R'000
Estimate of impairment of receivables		1 344	1 266
<b>Total</b>		<b>1 344</b>	<b>1 266</b>

**12. Voted funds to be surrendered to the Revenue Fund**

	Note	2018/19	2017/18
		R'000	R'000
Opening balance		220 866	101 230
As restated		220 866	101 230
Transfer from statement of financial performance (as restated)		913 789	220 866
Voted funds not requested/not received		(525 480)	-
Paid during the year		(220 866)	(101 230)
<b>Closing balance</b>		<b>388 309</b>	<b>220 866</b>

**13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**

	Note	2018/19	2017/18
		R'000	R'000
Opening balance		2 448	12 127
As restated		2 448	12 127
Transfer from Statement of Financial Performance (as restated)		6 013	76 056
Paid during the year		(7 232)	(85 735)
<b>Closing balance</b>		<b>1 229</b>	<b>2 448</b>

**14. Payables – current**

	Note	2018/19	2017/18
		R'000	R'000
Advances received	14.1	74 043	52 284
Clearing accounts	14.2	1 999	522
<b>Total</b>		<b>76 042</b>	<b>52 806</b>

**14.1 Advances received**

	Note	2018/19	2017/18
		R'000	R'000
Provincial departments	Anx7B	74 043	52 284
<b>Total</b>		<b>74 043</b>	<b>52 284</b>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

## 14.2 Clearing accounts

	Note	2018/19	2017/18
	14	R'000	R'000
PAYE		1 715	512
Pension fund		264	5
Garnishee		1	-
Housing		19	5
<b>Total</b>		<b>1 999</b>	<b>522</b>

## 15. Net cash flow available from operating activities

	Note	2018/19	2017/18
		R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		1 145 358	461 544
Add back non cash/cash movements not deemed operating activities		(444 349)	378 674
(Increase)/decrease in receivables – current		(64 973)	(19 463)
(Increase)/decrease in prepayments and advances		(252 465)	5 260
Increase/(decrease) in payables – current		23 236	(101 084)
Expenditure on capital assets		768 053	706 847
Surrenders to Revenue Fund		(228 098)	(186 965)
Surrenders to RDP Fund/Donor		(164 622)	(25 921)
Voted funds not requested/not received		(525 480)	-
<b>Net cash flow generated by operating activities</b>		<b>701 009</b>	<b>840 218</b>

## 16. Reconciliation of cash and cash equivalents for cash flow purposes

	Note	2018/19	2017/18
		R'000	R'000
Consolidated Paymaster General account		246 448	313 517
Cash receipts		-	-
Cash on hand		25	25
<b>Total</b>		<b>246 473</b>	<b>313 542</b>

## 17. Contingent liabilities and contingent assets

## 17.1 Contingent liabilities

	Note	2018/19	2017/18
		R'000	R'000
<b>Liable to Nature</b>			
Claims against the department	Annex 2B	18 267	13 658
<b>Total</b>		<b>18 267</b>	<b>13 658</b>

## 18. Commitments

	Note	2018/19	2017/18
		R'000	R'000
<b>Current expenditure</b>		<b>1 060 361</b>	<b>668 180</b>
Approved and contracted		240 251	204 195
Approved but not yet contracted		820 110	463 985
<b>Capital expenditure</b>		<b>1 777 609</b>	<b>1 512 505</b>
Approved and contracted		680 243	377 760
Approved but not yet contracted		1 097 366	1 134 745
<b>Total Commitments</b>		<b>2 837 970</b>	<b>2 180 685</b>

R325 377 236.32 of the total commitments relates to contracts which are longer than a year

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**19. Accruals and payables not recognised****19.1 Accruals**

	2018/19			2017/18
	R'000			R'000
<b>Listed by economic classification</b>				
	<b>30 Days</b>	<b>30+ Days</b>	<b>Total</b>	<b>Total</b>
Goods and services	25 948	13 405	<b>39 353</b>	<b>206 421</b>
Transfers and subsidies	87	-	<b>87</b>	<b>204</b>
Capital assets	9 664	3 034	<b>12 968</b>	<b>39 177</b>
Other	-	-	<b>-</b>	<b>6</b>
<b>Total</b>	<b>35 699</b>	<b>16 439</b>	<b>52 138</b>	<b>245 808</b>

	2018/19		2017/18
	R'000		R'000
<b>Listed by programme level</b>			
Administration		16 522	35 494
Health Planning and System Enablement		19 344	23 307
HIV and AIDS, TB, Maternal Child and Women's Health		1 619	133 151
Primary Health Care Services		465	2 579
Hospital Tertiary Services, Workforce Development		13 620	48 256
Health Regulation and Compliance		568	3 021
<b>Total</b>		<b>52 138</b>	<b>245 808</b>

**19.2 Payables not recognised**

	2018/19			2017/18
	R'000			R'000
<b>Listed by economic classification</b>				
	<b>30 Days</b>	<b>30+ Days</b>	<b>Total</b>	<b>Total</b>
Goods and services	220 392	5 845	<b>226 777</b>	-
Transfers and subsidies	109	121	<b>230</b>	-
Capital assets	11 422	324	<b>11 746</b>	-
Other	109	10	<b>119</b>	-
<b>Total</b>	<b>232 572</b>	<b>6 300</b>	<b>238 872</b>	-

	2018/19		2017/18
	R'000		R'000
<b>Listed by programme level</b>			
Administration		2 212	-
Health Planning and System Enablement		209 703	-
HIV and AIDS, TB, Maternal Child and Women's Health		3 056	-
Primary Health Care Services		1 069	-
Hospital Tertiary Services, Workforce Development		21 560	-
Health Regulation and Compliance		1 272	-
<b>Total</b>		<b>238 872</b>	-

**20. Employee benefits**

	2018/19		2017/18
	R'000		R'000
Leave entitlement		39 009	33 593
Service bonus (Thirteenth cheque)		25 289	25 171
Performance awards		1 331	119
Capped leave commitments		16 773	18 301
<b>Total</b>		<b>82 402</b>	<b>77 184</b>

Negative leave credits as at 31 March 2019 amounted to R741 030.51, while an amount of R1 398 346.63 for leave, was implemented after 31 March 2019

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**21. Lease commitments****21.1 Operating leases expenditure**

2018/19	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	102 262	1 430	103 692
Later than 1 year and not later than 5 years	54 245	604	54 849
<b>Total lease commitments</b>	<b>156 507</b>	<b>2 034</b>	<b>158 541</b>

2017/18	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	99 454	1 944	101 398
Later than 1 year and not later than 5 years	156 507	1 293	157 800
<b>Total lease commitments</b>	<b>255 961</b>	<b>3 237</b>	<b>259 198</b>

**22. Accrued departmental revenue**

	Note	2018/19 R'000	2017/18 R'000
Interest, dividends and rent on land		1 915	439
<b>Total</b>		<b>1 915</b>	<b>439</b>

**22.1 Analysis of accrued departmental revenue**

	Note	2018/19 R'000	2017/18 R'000
Opening balance	22	439	71
Less: amounts received		(1 281)	(3 523)
Add: amounts recognised		2 757	3 891
<b>Closing balance</b>		<b>1 915</b>	<b>439</b>

**23. Irregular expenditure****23.1 Reconciliation of irregular expenditure**

	2018/19 R'000	2017/18 R'000
Opening balance	77 511	5 984
Prior period error		
As restated	77 511	5 984
Add: Irregular expenditure – relating to prior year	-	11 865
Add: Irregular expenditure – relating to current year	16 837	61 574
Less: Prior year amounts condoned	-	(1 912)
<b>Closing balance</b>	<b>94 348</b>	<b>77 511</b>

**Analysis of awaiting condonation per age classification**

Current year	16 837	61 574
Prior years	77 511	15 937
<b>Total</b>	<b>94 348</b>	<b>77 511</b>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**23.2 Details of irregular expenditure – added current year (relating to current and prior years)**

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Catering: Procurement processes not followed.	Process followed to finalise investigation and to prepare submission for condonation	3
CCOD/MBOD: Services rendered by Metrofile outside contract period.	Process followed to finalise investigation and to prepare submission for condonation	173
HISP	Process followed to finalise investigation and to prepare submission for condonation	8 835
Dimaluc Business Enterprise: Carpets cleaning	On investigation	453
Shereno Printers	Inadequate justification for disqualifying a bidder from evaluation process	3 184
Trail Surveys and Mapping (Pty)ltd	Three quotations not obtained for procurement of services: to be investigated	90
Phanda Personnel, Pulse Entrepreneurs and MECS Growth: Services procured from an expired panel	On investigation	4 099
<b>Total</b>		<b>16 837</b>

**24. Fruitless and wasteful expenditure****24.1 Reconciliation of fruitless and wasteful expenditure**

	Note	2018/19 R'000	2017/18 R'000
Opening balance		1 757	6 442
Prior period error			
As restated		1 757	6 442
Fruitless and wasteful expenditure – relating to prior year		152	(5 907)
Fruitless and wasteful expenditure – relating to current year		192	1 224
Less: Amounts resolved		-	-
Less: Amounts transferred to receivables for recovery	15.6	(68)	(2)
<b>Closing balance</b>		<b>2 033</b>	<b>1 757</b>

**24.2 Analysis of awaiting resolution per economic classification**

	2018/19 R'000	2017/18 R'000
Current	2 033	1 085
Capital	-	672
<b>Total</b>	<b>2 033</b>	<b>1 757</b>

**24.3 Analysis of Current Year's Fruitless and wasteful expenditure**

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Interest charged: Murry & Dickson		161
Interest charged: Tokologo Tech Ass		27
Interest charged: Transit Solutions		1
Interest charged. Mauba		2
Interest charged: Transport		1
Repairs to Ministerial vehicle		152
<b>Total</b>		<b>344</b>

**25. Related party transactions**

The following entities fall under the Minister of Health's portfolio:

Medical Research Council,  
National Health Laboratory Services,  
Council for Medical Schemes,

Office of Health Standard Compliance, and

South African Health Products Regulatory Authority (SAPHRA).

Quarterly transfer payments were made by the Department to the above entities during 2018/19 period (except SAPHRA)

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**26. Key management personnel**

	No. of Individuals	2018/19 R'000	2017/18 R'000
Political office bearers (provide detail below)	2	5 128	5 085
Officials:			
Level 15 to 16	9	17 100	27 904
Level 14 (incl. CFO if at a lower level)	29	38 954	41 113
Family members of key management personnel	1	1 041	961
<b>Total</b>		<b>62 223</b>	<b>75 063</b>

The Minister's salary was R2 822 304,18 and that of the Deputy Minister was R2 305 891,21

**27. Public Private Partnership**

There are currently no other PPP as regulated by National Treasury, Regulation 16 registered at National Department of Health.

**28. Provisions**

	Note	2018/19 R'000	2017/18 R'000
Long Service Awards	28.1	763	840
<b>Total</b>		<b>763</b>	<b>840</b>

**28.1 Reconciliation of movement in provisions – 2018/19**

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	840	-	-	840
Increase in provision	763	-	-	763
Settlement of provision	(840)	-	-	(840)
<b>Closing balance</b>	<b>763</b>	<b>-</b>	<b>-</b>	<b>763</b>

**Reconciliation of movement in provisions – 2017/18**

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	740	120	-	860
Increase in provision	840	-	-	840
Settlement of provision	(740)	(120)	-	(860)
Change in provision due to change in estimation of inputs				
<b>Closing balance</b>	<b>840</b>	<b>-</b>	<b>-</b>	<b>840</b>

A provision amounting to R208 200 is made for officials with 20 years in service and R555 174 is for officials with 30 years of service in the Public Service.

Provision made for long service awards is based on the tariffs issued by the DPSA which may be amended during 2019/20.



## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

**29. Movable Tangible Capital Assets****MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>296 034</b>	<b>-</b>	<b>174 627</b>	<b>110 414</b>	<b>360 247</b>
Transport assets	4 219	-	46	0	4 265
Computer equipment	86 912	-	123 353	72 235	138 030
Furniture and office equipment	17 969	-	1 078	2 123	16 924
Other machinery and equipment	186 934	-	50 150	36 057	201 028
<b>TOTAL MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>296 034</b>	<b>-</b>	<b>174 627</b>	<b>110 414</b>	<b>360 247</b>

**29.1 Additions****ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received cur- rent, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>174 581</b>	<b>46</b>	<b>-</b>	<b>-</b>	<b>174 627</b>
Transport assets	-	46	-	-	46
Computer equipment	123 353	-	-	-	123 353
Furniture and office equipment	1 078	-	-	-	1 078
Other machinery and equipment	50 150	-	-	-	50 150
<b>TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>174 581</b>	<b>46</b>	<b>-</b>	<b>-</b>	<b>174 627</b>

**29.2 Disposals****DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Sold for cash	Non-cash disposal	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>-</b>	<b>110 414</b>	<b>110 414</b>	<b>-</b>
Computer equipment	-	72 235	72 235	-
Furniture and office equipment	-	2 123	2 123	-
Other machinery and equipment	-	36 057	36 057	-
<b>TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>-</b>	<b>110 414</b>	<b>110 414</b>	<b>-</b>

## Vote 16

## Notes to the Annual Financial Statements for the Year ended 31 March 2019

## 29.3 Movement for 2017/18

## MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>262 014</b>	-	<b>112 069</b>	<b>(78 049)</b>	<b>296 034</b>
Transport assets	4 219	-	-	-	4 219
Computer equipment	84 013	-	74 393	(71 494)	86 912
Furniture and office equipment	17 216	-	759	(6)	17 969
Other machinery and equipment	156 566	-	36 917	(6 549)	186 934
<b>TOTAL MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>262 014</b>	-	<b>112 069</b>	<b>(78 049)</b>	<b>296 034</b>

## 29.4 Minor assets

## MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	40 016	-	40 016
Additions	-	-	-	5 657	-	5 657
Disposals	-	-	-	(4 287)	-	(4 287)
<b>TOTAL MINOR ASSETS</b>	-	-	-	<b>41 386</b>	-	<b>41 386</b>
	<b>Specialised military assets</b>	<b>Intangible assets</b>	<b>Heritage assets</b>	<b>Machinery and equipment</b>	<b>Biological assets</b>	<b>Total</b>
Number of R1 minor assets	-	-	-	21	-	21
Number of minor assets at cost	-	-	-	27 558	-	27 558
<b>TOTAL NUMBER OF MINOR ASSETS</b>	-	-	-	<b>27 579</b>	-	<b>27 579</b>

## MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	38 492	-	38 492
Prior period error	-	-	-	-	-	-
Additions	-	-	-	11 472	-	11 472
Disposals	-	-	-	9 948	-	9 948
<b>TOTAL MINOR ASSETS</b>	-	-	-	<b>40 016</b>	-	<b>40 016</b>
	<b>Specialised military assets</b>	<b>Intangible assets</b>	<b>Heritage assets</b>	<b>Machinery and equipment</b>	<b>Biological assets</b>	<b>Total</b>
Number of R1 minor assets	-	-	-	21	-	21
Number of minor assets at cost	-	-	-	27 845	-	27 845
<b>TOTAL NUMBER OF MINOR ASSETS</b>	-	-	-	<b>27 866</b>	-	<b>27 866</b>

## Health Vote 16

Notes to the Annual Financial Statement for the Year ended 31 March 2019

## 29.5 S42 Movable Capital Assets

## MAJOR ASSETS TO BE TRANSFERRED IN TERMS OF S42 OF THE PFMA – 31 MARCH 2019

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
No of Assets	-	-	-	3 673	-	3 673
Value of the asset (R'000)	-	-	-	52 555	-	52 555

## MINOR ASSETS TO BE TRANSFERRED IN TERMS OF S42 OF THE PFMA – 31 MARCH 2019

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
No of Assets	-	-	-	1 617	-	1 617
Value of the asset (R'000)	-	-	-	4 079	-	4 079

## MAJOR ASSETS TO BE TRANSFERRED IN TERMS OF S42 OF THE PFMA – 31 MARCH 2018

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
No of Assets	-	-	-	197	-	197
Value of the asset (R'000)	-	-	-	13 810	-	13 810

## MINOR ASSETS TO BE TRANSFERRED IN TERMS OF S42 OF THE PFMA – 31 MARCH 2018

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
No of Assets	-	-	-	56	-	56
Value of the asset (R'000)	-	-	-	14	-	14

## 30. Intangible Capital Assets

## MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	72 936	-	-	-	72 936
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>72 936</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>72 936</b>

## 30.1 Movement for 2017/18

## MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	72 936	-	-	-	72 936
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>72 936</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>72 936</b>

## Health Vote 16

Notes to the Annual Financial Statement for the Year ended 31 March 2019

**31. Immovable Tangible Capital Assets****MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000		R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>949 486</b>	<b>-</b>	<b>606 245</b>	<b>536</b>	<b>1 555 195</b>
Other fixed structures	949 486	-	606 245	536	1 555 195
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>949 486</b>	<b>-</b>	<b>606 245</b>	<b>536</b>	<b>1 555 195</b>

**31.1 Additions****ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
<b>BUILDING AND OTHER FIXED STRUCTURES</b>	<b>591 035</b>	<b>733 866</b>	<b>(718 656)</b>	<b>-</b>	<b>606 245</b>
Other fixed structures	591 035	733 866	(718 656)	-	606 245
<b>TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>591 035</b>	<b>733 866</b>	<b>(718 656)</b>	<b>-</b>	<b>606 245</b>

**31.2 Disposals****DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Sold for cash	Non-cash disposal	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>-</b>	<b>536</b>	<b>536</b>	<b>-</b>
Other fixed structures	-	536	536	-
<b>TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>-</b>	<b>536</b>	<b>536</b>	<b>-</b>

**31.3 Movement for 2017/18****MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>474 397</b>	<b>-</b>	<b>475 573</b>	<b>484</b>	<b>949 486</b>
Other fixed structures	474 397	-	475 573	484	949 486
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>474 397</b>	<b>-</b>	<b>475 573</b>	<b>484</b>	<b>949 486</b>

## Health Vote 16

Notes to the Annual Financial Statement for the Year ended 31 March 2019

## 31.4 Capital Work-in-progress

## CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Note	Opening Balance 1 April 2018	Current Year WIP	Ready for use (Assets to the AR)/ Contracts terminated	Closing Balance 31 March 2019
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		733 866	591 035	(606 245)	718 656
<b>TOTAL</b>		<b>733 866</b>	<b>591 035</b>	<b>(606 245)</b>	<b>718 656</b>

Age analysis on ongoing projects	Number of projects		2018/19
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	5	95	901 144
1 to 3 year(s)	14	51	3 442 299
3 to 5 years	1	6	1 347 014
Longer than 5 years	1	2	219 895
<b>Total</b>	<b>21</b>	<b>154</b>	<b>5 910 352</b>

The projects that are no longer than 5 years are Hospital Building Projects or Hospital; refurbishment, which are currently in their early stages. Mega projects typically take 4 – 8 years to complete. The projects spanning longer than 5 years are IK-MAI-LP-5.GA Limpopo Maintenance & Refurbishment-Hospitals, Siloam Hospital- Phase 2.2- Upgrade of existing Mental Health and Mortuary and Tshilidzini Hospital Replacement. The total capital expenditure for Buildings and Fixed Structures were used as value for 18/19 was used as a base to ensure that all projects are counted. It should be noted that all future year budgets will influence project figures. The physical project completion date was used to calculate project age. The project count has been used, which differs from the facility count.

	2018/19	2017/18
	R'000	R'000
<b>Accruals and Payables not recognised relating to capital WIP</b>	<b>R'000</b>	<b>R'000</b>
Accruals and Payables not recognised relating to capital WIP	6 816	-
<b>Total</b>	<b>6 816</b>	<b>-</b>

## CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018

	Note	Opening Balance 1 April 2018	Current Year WIP	Ready for use (Assets to the AR)/ Contracts terminated	Closing Balance 31 March 2019
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		632 300	577 139	(475 573)	733 866
<b>TOTAL</b>		<b>632 300</b>	<b>577 139</b>	<b>(475 573)</b>	<b>733 866</b>

Age analysis ongoing projects	Number of projects		2017/18
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	58	224	317 079
1 to 3 year(s)	13	37	219 625
3 to 5 years	2	-	36 904
Longer than 5 years	2	-	3 531
<b>Total</b>	<b>75</b>	<b>261</b>	<b>577 139</b>

## Health Vote 16

Notes to the Annual Financial Statement for the Year ended 31 March 2019

## 31.5 S42 Immovable assets

Assets to be transferred in terms of S42 of the PFMA – 2018/19	No of Assets	Value of Assets R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>55</b>	<b>144 568</b>
Dwellings		
Non-residential buildings	55	144 568
<b>Total</b>	<b>55</b>	<b>144 568</b>

## 32. Principal-agent arrangements

## 32.1 Department acting as the principal

	Fee paid	
	2018/19 R'000	2017/18 R'000
Development Bank of SA	11 285	14 390
COEGA Development Corporation	3 370	4 150
Foundation for Professional Development	-	8 998
<b>Total</b>	<b>14 655</b>	<b>27 538</b>

Development Bank of South Africa: Management of Infrastructure and Refurbishment projects.  
COEGA: Management of Infrastructure project.

## 33. Prior period errors

## 33.1 Prior period error

	Note	Amount bef error correction R'000	2017/18 Prior period error R'000	Restated amount R'000
<b>Expenditure</b>				
Aid Assistance: Current expenditure	4	757 987	(13 300)	744 687
Aid Assistance: Capital expenditure	8	693 547	13 300	706 847
<b>Net effect</b>		<b>1 451 534</b>	<b>-</b>	<b>1 451 534</b>
Other: Principal Agent Arrangements	32	668 952	(641 414)	27 538
<b>Net effect</b>		<b>668 952</b>	<b>641 414</b>	<b>27 538</b>

## 34. Inventory (Effective from date determined in a Treasury Instruction)

## 34.1 Inventories for the year ended 31 March 2019

	Note	Insert major category R'000	Total R'000
Opening balance	Annexure 5	3 950	3 950
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash		130 511	130 511
Add: Additions - Non-cash		9 791	9 791
(Less): Issues		(125 775)	(125 775)
Add/(Less): Adjustments		(13 076)	(13 076)
Closing balance		<b>5 401</b>	<b>5 401</b>

**Health Vote 16****Notes to the Annual Financial Statement for the Year ended 31 March 2019****34.2 Inventories for the year ended 31 March 2018**

	<i>Note</i>	Insert major category	Total
	<i>Annexure 5</i>	R'000	R'000
Opening balance		2 478	2 478
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash		184 045	184 045
Add: Additions - Non-cash		-	-
(Less): Issues		(81 547)	(81 547)
Add/(Less): Adjustments		(101 026)	(101 026)
Closing balance		<b>3 950</b>	<b>3 950</b>

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Annexures to the Annual Financial Statement for the Year ended 31 March 2019  
**35. STATEMENT OF CONDITIONAL GRANTS RECEIVED**

NAME OF DEPARTMENT	GRANT ALLOCATION						SPENT				2017/18		
	Division of Revenue Act/ Provincial Grants R'000	Roll Overs R'000	DORA Adjustments R'000	Other Adjustments R'000	Total Available R'000	Amount received by department R'000	Amount spent by department R'000	Under / (Over-spending) R'000	% of available funds spent by department	Amount received by department R'000	Amount spent by department R'000	Division of Revenue Act R'000	Amount spent by department R'000
NHI Indirect: Health Facility Revitalisation Component	891 359	-	(55 000)	-	836 359	836 359	706 241	130 118	84%	836 359	657 099	718 984	657 099
NHI Indirect: Health Professional Contracting	-	-	-	-	-	-	-	-	-	-	549 035	518 053	549 035
NHI Indirect: Human Papillomavirus Vaccine Component	-	-	30 000	-	30 000	30 000	27 794	2 206	93%	30 000	199 534	200 000	199 534
Ideal Clinics	-	-	-	-	-	-	-	-	-	-	26 590	30 000	26 590
NHI Indirect: Information Systems	-	-	-	-	-	-	-	-	-	-	83 807	166 000	83 807
NHI Indirect: Personal Services Component	712 500	-	179 000	-	891 500	891 500	588 812	302 688	66%	891 500	-	-	-
NHI Indirect: Non-personal Services Component	700 000	-	-	-	700 000	700 000	500 042	199 958	71%	700 000	-	-	-
<b>TOTAL</b>	<b>2 303 859</b>	<b>-</b>	<b>154 000</b>	<b>-</b>	<b>2 457 859</b>	<b>2 457 859</b>	<b>1 822 889</b>	<b>634 970</b>		<b>2 457 859</b>	<b>1 633 037</b>	<b>1 633 037</b>	<b>1 516 065</b>

**36. STATEMENT OF CONDITIONAL GRANTS PAID TO THE PROVINCES**

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT				2017/18	
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department %	Amount received by department R'000	Amount spent by department R'000	Unspent funds R'000	% of available funds spent by department	Amount received by department R'000	Amount spent by department R'000
<b>Summary by province</b>													
Eastern Cape	3 966 532	-	-	3 966 532	3 966 532	-	-	3 966 532	3 984 608	-	100%	3 966 532	3 778 750
Free State	3 040 064	-	-	3 040 064	3 040 064	-	-	3 040 064	2 988 550	-	98%	3 040 064	2 884 563
Gauteng	10 504 382	-	-	10 504 382	10 504 382	-	-	10 504 382	9 853 000	-	94%	10 504 382	9 664 962
Kwazulu-Natal	9 070 527	-	199 508	9 270 035	9 270 035	-	-	9 270 035	9 258 445	-	100%	9 270 035	8 030 060
Limpopo	2 691 811	-	-	2 691 811	2 691 811	-	-	2 691 811	2 737 074	-	102%	2 691 811	2 372 294
Mpumalanga	2 326 995	-	-	2 326 995	2 326 995	-	-	2 326 995	2 366 294	-	102%	2 326 995	1 739 839
Northern Cape	1 345 239	-	42 000	1 387 239	1 387 239	-	-	1 387 239	1 446 660	-	104%	1 387 239	1 348 327
North West	2 323 616	-	-	2 323 616	2 323 616	-	-	2 323 616	2 340 351	-	101%	2 323 616	2 271 762
Western Cape	5 853 424	-	-	5 853 424	5 853 424	-	-	5 853 424	5 891 667	-	101%	5 853 424	5 479 669
<b>TOTAL</b>	<b>41 122 590</b>	<b>-</b>	<b>241 508</b>	<b>41 364 098</b>	<b>41 364 098</b>	<b>-</b>	<b>-</b>	<b>41 364 098</b>	<b>40 866 649</b>	<b>-</b>		<b>41 364 098</b>	<b>37 570 226</b>



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NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER				SPENT				2017/18 Division of Revenue Act R'000
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department %	Amount received by department R'000	Amount spent by department R'000	Unspent funds R'000	% of available funds spent by department		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	%		
<b>Summary by grant</b>													
Health Professions Training and Development Grant	2 784 496	-	-	2 784 496	2 784 496	-	-	2 784 496	2 793 218	-	100%	2 631 849	
National Tertiary Services Grant	12 400 703	-	-	12 400 703	12 400 703	-	-	12 400 703	12 162 961	-	98%	11 676 145	
Comprehensive HIV and AIDS Grant	19 921 697	-	-	19 921 697	19 921 697	-	-	19 921 697	19 658 246	-	99%	17 577 737	
Health Facility Revitalisation Grant	5 815 694	-	241 508	6 057 202	6 057 202	-	-	6 057 202	6 072 743	-	100%	5 684 495	
National Health Insurance Grant	200 000	-	-	200 000	200 000	-	-	200 000	179 481	-	90%	-	
<b>TOTAL</b>	<b>41 122 590</b>	<b>-</b>	<b>241 508</b>	<b>41 364 098</b>	<b>41 364 098</b>	<b>-</b>	<b>-</b>	<b>41 364 098</b>	<b>40 866 649</b>	<b>-</b>		<b>37 570 226</b>	

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER				SPENT				2017/18 Division of Revenue Act R'000
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department %	Amount received by department R'000	Amount spent by department R'000	Unspent funds R'000	% of available funds spent by department		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	%		
<b>1. Health Profession Training and Development Grant</b>													
Eastern Cape	239 707	-	-	239 707	239 707	-	-	239 707	242 191	-	101%	226 566	
Free State	175 599	-	-	175 599	175 599	-	-	175 599	175 599	-	100%	165 973	
Gauteng	972 759	-	-	972 759	972 759	-	-	972 759	947 934	-	97%	919 432	
Kwazulu-Natal	351 197	-	-	351 197	351 197	-	-	351 197	351 197	-	100%	331 944	
Limpopo	139 366	-	-	139 366	139 366	-	-	139 366	139 315	-	100%	131 726	
Mpumalanga	114 279	-	-	114 279	114 279	-	-	114 279	121 297	-	106%	108 014	
Northern Cape	91 305	-	-	91 305	91 305	-	-	91 305	115 401	-	126%	86 300	
North West	126 107	-	-	126 107	126 107	-	-	126 107	126 107	-	100%	119 194	
Western Cape	574 177	-	-	574 177	574 177	-	-	574 177	574 177	-	100%	542 700	
<b>TOTAL</b>	<b>2 784 496</b>	<b>-</b>	<b>-</b>	<b>2 784 496</b>	<b>2 784 496</b>	<b>-</b>	<b>-</b>	<b>2 784 496</b>	<b>2 793 218</b>	<b>-</b>		<b>2 631 849</b>	

NAME OF PROVINCE / GRANT	GRANT ALLOCATION					TRANSFER					SPENT				2017/18
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds With-held	Re-allocations by National Treasury or National Department		Amount received by department	Amount spent by department	Un-spent funds	% of available funds spent by department	Division of Revenue Act	R'000	
							R'000	%							R'000
<b>2. National Tertiary Services Grant</b>															
Eastern Cape	942 650	-	-	942 650	942 650	-	-	942 650	940 727	-	100%	890 973			
Free State	1 077 070	-	-	1 077 070	1 077 070	-	-	1 077 070	1 077 070	-	100%	1 018 025			
Gauteng	4 390 192	-	-	4 390 192	4 390 192	-	-	4 390 192	4 137 621	-	94%	4 110 484			
Kwazulu-Natal	1 794 649	-	-	1 794 649	1 794 649	-	-	1 794 649	1 794 649	-	100%	1 696 266			
Limpopo	387 560	-	-	387 560	387 560	-	-	387 560	371 858	-	96%	366 314			
Mpumalanga	116 489	-	-	116 489	116 489	-	-	116 489	121 944	-	105%	110 103			
Northern Cape	359 754	-	-	359 754	359 754	-	-	359 754	385 956	-	107%	340 032			
North West	283 055	-	-	283 055	283 055	-	-	283 055	284 006	-	100%	267 538			
Western Cape	3 049 284	-	-	3 049 284	3 049 284	-	-	3 049 284	3 049 130	-	100%	2 876 410			
	<b>12 400 703</b>	-	-	<b>12 400 703</b>	<b>12 400 703</b>	-	-	<b>12 400 703</b>	<b>12 162 532</b>	-		<b>11 676 145</b>			

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NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT				2016/17 Division of Revenue Act R'000	
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department %	Amount received by department R'000	Amount spent by department R'000	Unspent funds R'000	% of available funds spent by department %		
													R'000
<b>3. Comprehensive HIV and AIDS Grant</b>													
Eastern Cape	2 098 633	-	-	2 098 633	2 098 633	-	-	2 098 633	2 103 651	-	-	100%	2 040 454
Free State	1 199 425	-	-	1 199 425	1 199 425	-	-	1 199 425	1 199 425	-	-	100%	1 148 408
Gauteng	4 239 277	-	-	4 239 277	4 239 277	-	-	4 239 277	3 965 836	-	-	94%	3 744 381
Kwazulu-Natal	5 677 225	-	-	5 677 225	5 677 225	-	-	5 677 225	5 677 225	-	-	100%	4 852 495
Limpopo	1 600 516	-	-	1 600 516	1 600 516	-	-	1 600 516	1 574 262	-	-	98%	1 366 110
Mpumalanga	1 744 627	-	-	1 744 627	1 744 627	-	-	1 744 627	1 744 102	-	-	100%	1 196 105
Northern Cape	515 155	-	-	515 155	515 155	-	-	515 155	524 749	-	-	102%	478 242
North West	1 315 304	-	-	1 315 304	1 315 304	-	-	1 315 304	1 337 461	-	-	102%	1 296 769
Western Cape	1 531 535	-	-	1 531 535	1 531 535	-	-	1 531 535	1 531 535	-	-	100%	1 454 773
	<b>19 921 697</b>	<b>-</b>	<b>-</b>	<b>19 921 697</b>	<b>19 921 697</b>	<b>-</b>	<b>-</b>	<b>19 921 697</b>	<b>19 658 246</b>	<b>-</b>	<b>-</b>		<b>17 577 737</b>
<b>4. Health Facility Revitalisation Grant</b>													
Eastern Cape	652 071	-	-	652 071	652 071	-	-	652 071	664 570	-	-	102%	620 757
Free State	576 362	-	-	576 362	576 362	-	-	576 362	524 848	-	-	91%	552 157
Gauteng	874 842	-	-	874 842	874 842	-	-	874 842	779 939	-	-	89%	890 665
Kwazulu-Natal	1 202 480	-	199 508	1 401 988	1 401 988	-	-	1 401 988	1 401 988	-	-	100%	1 149 355
Limpopo	536 898	-	-	536 898	536 898	-	-	536 898	624 168	-	-	116%	508 144
Mpumalanga	333 935	-	-	333 935	333 935	-	-	333 935	364 538	-	-	109%	325 617
Northern Cape	374 391	-	42 000	416 391	416 391	-	-	416 391	415 953	-	-	100%	443 753
North West	585 886	-	-	585 886	585 886	-	-	585 886	579 513	-	-	99%	588 261
Western Cape	678 829	-	-	678 829	678 829	-	-	678 829	717 226	-	-	106%	605 786
	<b>5 815 694</b>	<b>-</b>	<b>241 508</b>	<b>6 057 202</b>	<b>6 057 202</b>	<b>-</b>	<b>-</b>	<b>6 057 202</b>	<b>6 072 743</b>	<b>-</b>	<b>-</b>		<b>5 684 495</b>

Health Vote 16  
Annexures to the Annual Financial Statement for the Year ended 31 March 2019

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER				SPENT				
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by department	2017/18	
													R'000
<b>5. Human Papilloma-virus Grant</b>													
Eastern Cape	33 471	-	-	33 471	33 471	-	-	33 471	33 469	-	100%	-	
Free State	11 608	-	-	11 608	11 608	-	-	11 608	11 608	-	100%	-	
Gauteng	27 312	-	-	27 312	27 312	-	-	27 312	21 670	-	79%	-	
Kwazulu-Natal	44 976	-	-	44 976	44 976	-	-	44 976	33 386	-	74%	-	
Limpopo	27 471	-	-	27 471	27 471	-	-	27 471	27 471	-	100%	-	
Mpumalanga	17 665	-	-	17 665	17 665	-	-	17 665	14 413	-	82%	-	
Northern Cape	4 634	-	-	4 634	4 634	-	-	4 634	4 601	-	99%	-	
North West	13 264	-	-	13 264	13 264	-	-	13 264	13 264	-	100%	-	
Western Cape	19 599	-	-	19 599	19 599	-	-	19 599	19 599	-	100%	-	
	<b>200 000</b>	<b>-</b>	<b>-</b>	<b>200 000</b>	<b>200 000</b>	<b>-</b>	<b>-</b>	<b>200 000</b>	<b>179 481</b>	<b>-</b>			

The variance between the actual transfer and actual expenditure is covered from the roll over funds at Provincial level.

## ANNEXURE 1A

### STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER				2017/18	
	Adjusted Appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Final Appropriation	R'000	R'000	
										R'000
Compensation Commissioner for Occupational Diseases	3 836	-	-	3 836	3 836	100%	3 718	3 836	3 718	
Medical Research Council	624 829	-	-	624 829	624 829	100%	617 210	624 829	617 210	
Council for Medical Schemes	5 670	-	-	5 670	5 670	100%	5 496	5 670	5 496	
National Health Laboratory Services	810 759	-	6 000	816 759	810 759	99%	746 464	810 759	746 464	
Health and Welfare Sector Education and Training Authority	2 911	-	-	2 911	2 486	85%	2 252	2 911	2 252	
South African National AIDS Council	17 108	-	-	17 108	17 108	100%	17 547	17 108	17 547	
South African Health Products Regulatory Authority	125 189	-	-	125 189	125 189	100%	-	125 189	-	
Office of Health Standard Compliance	129 678	-	-	129 678	129 678	100%	125 711	129 678	125 711	
South African Broadcasting Corporation	-	-	-	-	-	-	74	-	74	
<b>TOTAL</b>	<b>1 719 980</b>	<b>-</b>	<b>6 000</b>	<b>1 725 980</b>	<b>1 719 555</b>		<b>1 518 472</b>	<b>1 719 555</b>	<b>1 518 472</b>	

Health Vote 16  
Annexures to the Annual Financial Statement for the Year ended 31 March 2019  
**ANNEXURE 1B**

**STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS**

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION					EXPENDITURE			2017/18
	Adjusted Appropriation Act R'000	Roll overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds transferred	Final Appropriation R'000		
<b>Transfers</b>									
Health System Trust	15 890	-	-	(15 890)	-	-	-	-	-
Health Information System Programme	14 158	-	-	(14 158)	-	-	-	-	-
Life Line	23 276	-	-	-	23 276	23 276	100%	23 276	22 000
LoveLife	64 750	-	-	-	64 750	64 750	100%	64 750	61 200
National Council Against Smoking	938	-	-	-	938	938	100%	938	845
National Kidney Foundation of South Africa	370	-	-	-	370	370	100%	370	350
Soul City	20 270	-	-	-	20 270	20 270	100%	20 270	17 996
South African Community Epidemiology Network on Drug Abuse (SACENDU)	550	-	-	-	550	550	100%	550	520
SA Council for the Blind	880	-	-	-	880	880	100%	880	832
South African Federation for Mental Health	393	-	-	-	393	393	100%	393	371
<b>HIV and AIDS: NGOs</b>	<b>54 434</b>	-	-	-	<b>54 434</b>	<b>49 740</b>	<b>91%</b>	<b>49 740</b>	<b>51 260</b>
Agri AIDS SA NPC	-	-	-	-	-	1 028	-	1 028	879
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	-	1 248	-	1 248	1 067
Bothuti Lesedi Project	-	-	-	-	-	1 398	-	1 398	1 196
Centre for Positive Care (CPC)	-	-	-	-	-	2 100	-	2 100	1 796
Community Development Foundation of South Africa	-	-	-	-	-	-	-	-	2 000
Community Responsiveness Programme (CRP)	-	-	-	-	-	1 044	-	1 044	729
Eagle Training	-	-	-	-	-	1 000	-	1 000	561
Educational Support Services Trust (ESST)	-	-	-	-	-	2 937	-	2 937	2 512
Friends for Life	-	-	-	-	-	1 177	-	1 177	1 006
Get Down Productions	-	-	-	-	-	3 786	-	3 786	3 238
Get Ready Information Services	-	-	-	-	-	1 363	-	1 363	1 166
Health Care Development and Training	-	-	-	-	-	1 000	-	1 000	561
Highveld East/Aids Projects Support (HEAPS)	-	-	-	-	-	4 538	-	4 538	3 881

**Health Vote 16**  
Annexures to the Annual Financial Statement for the Year ended 31 March 2019

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION						EXPENDITURE			2017/18
	Adjusted Appropriation Act	Roll overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Appropriation	R'000		
	R'000	R'000	R'000	R'000	R'000	%	R'000			
Hospice Palliative Care Association	-	-	-	-	-	-	-	1 174		
Humana People to People	-	-	-	-	-	1 163	-	831		
Ikusasa Le Sizwe Community	-	-	-	-	-	-	-	-		
Leandra Community Centre	-	-	-	-	-	1 663	-	1 423		
Leseding Care Givers	-	-	-	-	-	1 625	-	1 390		
Mothers2Mothers SA	-	-	-	-	-	1 000	-	561		
Mpilonhle	-	-	-	-	-	1 125	-	963		
Muslim Aids Programme (MAP)	-	-	-	-	-	1 008	-	673		
National Institute Community Development and Management (NICDAM)	-	-	-	-	-	2 219	-	1 898		
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	-	2 301	-	1 968		
Public Universities South Africa	-	-	-	-	-	-	-	10 331		
Ramotshinyadi HIV/AIDS	-	-	-	-	-	1 000	-	561		
Seboka Training and Support Network	-	-	-	-	-	1 414	-	1 209		
St Joseph Care Centre – Sizanani	-	-	-	-	-	1 144	-	841		
TB/HIV Care Association	-	-	-	-	-	1 466	-	1 254		
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	-	1 156	-	989		
Ukhamba Projects	-	-	-	-	-	1 412	-	1 207		
Zakheni Training and Development	-	-	-	-	-	2 425	-	2 074		
National Association of People Living with HIV/AIDS	-	-	-	-	-	5 000	-	1 321		
<b>TOTAL</b>	<b>195 909</b>	<b>-</b>	<b>161 167</b>	<b>(30 048)</b>	<b>165 861</b>	<b>161 167</b>	<b>155 374</b>			

**ANNEXURE 1C**

**STATEMENT OF TRANSFERS TO HOUSEHOLDS**

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE			2017/18
	Adjusted Appropriation Act	Roll Overs	Adjust-ments	Total Available	Actual Transfer	% of Available funds Transferred	Final Appropriation	
	R'000	R'000	R'000	R'000	R'000	%	R'000	
<b>Transfers</b>								
Leave gratuities	927	-	1 291	2 218	2 145	97%	3 539	
Bursaries (Non-Employees)	-	-	-	-	-	-	6 999	
Refund: Act of grace	-	-	-	-	6	-	-	
Gift and Donations	-	-	-	-	1	-	-	
<b>TOTAL</b>	<b>927</b>	<b>-</b>	<b>1 291</b>	<b>2 218</b>	<b>2 152</b>		<b>10 538</b>	

*Health Vote 16*  
Annexures to the Annual Financial Statement for the Year ended 31 March 2019

**ANNEXURE 1D****STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
<b>Received in kind</b>			
Abbot Laboratories	Travel and subsistence	50	-
Abt Associates and Medtronic Foundation	Travel and subsistence	69	-
Action on Antibiotic Resistance (ReACT)	Travel and subsistence	-	18
Albertina Sisulu Executive Leadership Programme in Health (ASELPH)	Seminar	-	109
African Centres Diseases Control	Travel and subsistence	24	-
African Leaders Malaria	Travel and subsistence	32	-
African Regulatory Collaborative	Travel and subsistence related	-	21
African Union Commission	Travel and subsistence related	26	-
African Union Southern Africa Regional Office	Travel and subsistence	20	131
African Region (AFRO)	Travel and subsistence	19	-
Amref Health Africa	Travel and subsistence	60	-
African Union Interafrican Bureau for Animal Resources	Travel and subsistence	25	-
Better Training for Safe Food (BTSF)	Travel and subsistence	21	-
Bill and Melinda Gates Foundation	Travel and subsistence related	-	174
Botswana Labour Migrants (BOLAMA)	Travel and subsistence related	-	4
Broad Reach Health Care	Training/Travel and subsistence Related	-	122
Bloomberg Philanthropies	Implementation of Obesity Strategy	-	20 219
CHAMPS	Training/Travel and subsistence related	23	-
Chinese Government	Travel and subsistence	150	-
Clinton Health Access Initiative	Travel and subsistence	65	265
Desmond Tutu HIV Centre and the London School of Hygiene & Tropical Medicine	Training/Travel and subsistence related	-	96
Department of International Trade	Travel and subsistence	48	-
Development Innovative Advance Europe	Workshop	-	33
DR-TB STAT and University Research Corporation (URC)	Travel and subsistence related	-	188
Elimination 8 Secretariat	Travel and subsistence	108	-
East Central and Southern Africa Health Community (ECSA-HC Partnership)	Travel and subsistence	-	73
E8 Secretariat and UCSF Global Health Group	Travel and subsistence related	-	148
Embassy of Netherlands	Training/Travel and subsistence related	-	434
European Directorate for Quality of Medicine (EDQM)	Travel and subsistence related	-	17
Federation of Indian Chambers of Commerce and Industry	Workshop	-	5
FUNDISA	Travel and subsistence related	-	46
Foundation Merieux	Meeting	-	22

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Annexures to the Annual Financial Statement for the Year ended 31 March 2019

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
German Cooperation	Travel and subsistence related	-	76
Government Employees Pension Fund (GEPPF)	Meeting	-	177
Global Health Advocacy Incubator (GHAi)	Workshop	-	80
Global Health Cost Consortium	Travel and subsistence	75	-
Global Health Strategies	Travel and subsistence related	-	88
Gold Working Group	Travel and subsistence related	303	-
Government of Sweden and Zambia	Travel and subsistence	33	-
Harvard University	Travel and subsistence related	-	178
Human Science Research Council	Travel and subsistence related	-	33
ICAP at Columbia University	Travel and subsistence related	75	133
International Commission for Occupational and Environmental Health	Workshop/Travel and subsistence related	14	-
Infection Control Africa Network (ICAN)	Travel and subsistence	18	-
Institute of Health Care Improvement	Travel and subsistence	30	-
International Agency for the prevention of Blindness	Meeting	-	18
International AIDS Society	Travel and subsistence related	-	306
International Atomic Energy Agency	Travel and subsistence	99	168
International Conference on Birth Defects and Disabilities (ICBD)	Travel and subsistence	-	10
International Legal Consortium	Travel and subsistence	387	-
International Training and Education Centre for Health SA (ITEC)	Travel and subsistence related	-	638
International Tuberculosis Research Center of Korea (ITRC)	Travel and subsistence	-	43
Institute for Healthcare Improvement	Workshop	-	132
INTERPOL	Travel and subsistence	-	35
Janssen Pharmaceutical (Pty) Ltd	Training/Travel and subsistence related	-	308
Japan International Cooperation Agency	Travel and subsistence related/Training	-	24
Joep Lange Institute	Training	-	18
Johnson and Johnson	School Deworming programme	-	42 290
KNect365 Lie Sciences	Conference	-	22
Lisbon Institute of Global Mental Health	Workshop	-	41
Liverpool School Tropical Medicine	Travel and subsistence related	-	73
Maternal, Adolescent & Child Health (MatCH)	Travel and subsistence related	38	-
Medicines Patent Pool Organisation	Travel and subsistence related	89	257
Medical Control Authority of Zimbabwe	Travel and subsistence related	-	85
Middle East and North Africa Health Policy Forum (MENA HFP)	Travel and subsistence related	-	61
Ministry of Health of Brazil	Travel and subsistence	25	-
Ministry of Health, Republic of Indonesia	Travel and subsistence	34	-
National Social Security Authority of Zimbabwe	Travel and subsistence related	12	-



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Annexures to the Annual Financial Statement for the Year ended 31 March 2019

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP		2018/19	2017/18
			R'000	R'000
New Partnership for Africa's Development (NEPAD)	Travel and subsistence related		104	30
National Institute for Communicable Diseases	Travel and subsistence		24	-
NSF Euro Consultants	Meeting/Travel and subsistence related		-	14
Organisation for Animal Health	Seminar		-	9
Paul Ehrlich Institute	Travel and subsistence related		-	20
Pharmaceuticals and Medical Devices Agency (PMDA)	Travel and subsistence related		118	55
Prince Mahidol Award Conference (PMAC)	Travel and subsistence		46	-
Programme Support Pro-Poor Development	Travel and subsistence related		-	73
Public Service Co-ordinating Bargaining Council (PSCBC)	Travel and subsistence related		-	82
Public Health and Social Development Sectorial Bargaining Council (PHSDSBC)	Conference/Travel and subsistence related		84	101
Resilient and Responsive Health Systems Consortium	Travel and subsistence		22	-
Roll Back Malaria Partnership to End Malaria	Travel and subsistence		131	-
Right to Care	Training		-	48
Robert Koch Institute	Travel and subsistence		48	-
Rockefeller Bellagio Foundation	Travel and subsistence		25	-
Sandia National Laboratories	Training/Travel and subsistence related		-	47
Southern Africa Trust	Training/Travel and subsistence related		-	9
South African Development Cooperation Secretariat	Travel and subsistence related		62	34
SADC Secretariat, WHO & NEPAD Agency	Travel and subsistence related		14	-
South African Medical Research Council (SAMRC)	Travel and subsistence related		51	31
STAR	Travel and subsistence		77	-
Stop TB Partnership	Travel and subsistence related		-	128
Strategic Information for SA	Travel and subsistence related		-	-
ST Elevation Myocardial Inflection (STEMI)	Meeting		-	6
Taskforce for Global Health	Travel and subsistence related		-	23
Tuberculosis CARE II	Travel and subsistence		33	-
TB in Mining Sector	Travel and subsistence related		-	779
Thailand International Cooperation Agency	Training, Travel and Subsistence		85	-
TB Alliance	Travel and subsistence related		-	76
The Brazilian Government	Travel and subsistence related		-	26
The Codex Secretariat at the FAO	Travel and subsistence related		-	45
The Egyptian Agency of Partnership for Development	Travel and subsistence related		-	50
The Global Fund (Not Donor)	Travel and subsistence		65	-
The Government of Lesotho and WHO	Meeting		-	69
The International Association of National Public Health Institute	Travel and subsistence related		58	-
Togo Government	Travel and subsistence related		169	-

**Health Vote 16  
Annexures to the Annual Financial Statement for the Year ended 31 March 2019**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP		2018/19	2017/18
			R'000	R'000
The Regional Coordinating Mechanism	Travel and subsistence related		18	-
Treatment Action Group	Travel and subsistence		67	-
United Kingdom Prosperity Fund Better Health Programme	Travel and subsistence		163	-
United Kingdom Department for International Development	Travel and subsistence related		70	-
United Nations AIDS	Travel and subsistence related/Workshop		-	815
United Nations Children Emergency Fund (UNICEF)	Travel and subsistence related		69	183
United Nations Development Programme (UNDP)	Accommodation		6	-
United Nations Population Fund Agency (UNFPA)	Travel and subsistence related/Workshop		94	141
United Secretariat	Travel and subsistence related		159	-
United Nations Office on Drugs and Crime	Meeting		-	40
United Republic of Tanzania – Medical Store Department	Travel and subsistence		44	-
United States Department Agricultural (USDA)	Travel and subsistence related		-	119
United States Agency for International Development	Travel and subsistence		67	-
United States Department of Energy	Travel and subsistence		29	-
United States Pharmacopeia - Ghana	Travel and subsistence related		-	53
University of Pretoria	Travel and subsistence related		-	22
University of Tokyo	Travel and subsistence		47	-
University of Oslo	Travel and subsistence		38	-
University College London (UCL)	Meeting		-	13
UNITAID	Travel and subsistence		-	31
Vision Community Based Rehabilitation Association	Travel and subsistence related		-	14
Welcome Trust	Travel and subsistence		46	-
Wilton Park	Travel and subsistence related		-	148
Wits Health Consortium	Travel and subsistence		87	-
Wits Reproductive Health & HIV Institute	Travel and subsistence		36	-
World Bank (Regional Coordinating Mechanism Secretariat)	Travel and subsistence related		-	27
World Innovation Summit for Health	Travel and subsistence		33	-
World Organisation for Animal Health (OIE)	Seminar		-	13
World Health Organisation	Meeting/Workshop/Travel and Subsistence related		2 862	3 368
World Health Federation	Travel and subsistence related		-	92
WHO – AHPSP	Travel and subsistence related		-	343
WHO/NEPAD/SADC Secretariat	Workshop		-	128
WHO and the Government of Russian Federation	Meeting		-	103
WHO Headquarters, Health Systems Governance and Financing	Meeting		-	56
ZAZIBONA	Travel and subsistence		-	90
<b>TOTAL</b>				<b>74 973</b>

## ANNEXURE 1E

## STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI- TURE R'000	PAID BACK ON/BY 31 MARCH 2019	CLOSING BALANCE R'000
<b>Received in kind</b>						
CDC United State	Tuberculosis, HIV and AIDS prevention	16 218	266 397	(50 520)	16 218	215 877
EU Primcare	Primary Health Care Purposes	28 873	44 700	(40 087)	28 873	4 613
Global Funds	HIV & AIDS Prevention	110 336	656 504	(656 504)	110 336	-
KFW: Germany	HIV & AIDS Prevention	9 195	5 630	(667)	9 195	4 963
Health and Welfare SETA	Internships	-	400	(297)	-	103
<b>TOTAL</b>		<b>164 622</b>	<b>973 631</b>	<b>(748 075)</b>	<b>164 622</b>	<b>225 556</b>

## ANNEXURE 1F

## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE AND REMISSIONS, REFUNDS AND PAYMENTS MADE AS AN ACT OF GRACE

NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
(Group major categories but list material items including name of organisation)	R'000	R'000
<b>Made in kind</b>		
Ex gratia payment for damage to vehicle during aggressive labour actions	6	-
Gift cards to the students	1	-
<b>TOTAL</b>	<b>7</b>	<b>-</b>

## ANNEXURE 2

## STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2019

Nature of Liability	Opening Balance	Liabilities incurred during the year	Liabilities paid/ cancelled/reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance
	1 April 2018				31 March 2019
	R'000	R'000	R'000	R'000	R'000
<b>Claims against the department</b>					
Barry Mellor vs Kagiso Tholo	15	-	-	-	15
Dr D P Mahlangu	2 195	-	-	-	2 195
Metronic	3 824	-	-	-	3 824
ZLD Panel Beaters vs The Minister of Health	400	-	-	-	400
Mr J Leslie	870	-	-	-	870
Ms E Mulutsi	1 200	-	-	-	1 200
Nomusa Mabasa	5 000	-	-	-	5 000
Simphiwe Mhlauli	154	-	-	-	154
National and Overseas Modular and Timber Construction (Pty) Ltd	-	4 609	-	-	4 609
<b>TOTAL</b>	<b>13 658</b>	<b>4 609</b>	<b>-</b>	<b>-</b>	<b>18 267</b>

## Health Vote 16

Annexures to the Annual Financial Statement for the Year ended 31 March 2019

## ANNEXURE 3

## CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>Department</b>								
DIRCO	-	-	9	-	9	-		
Provincial Health: Northern Cape	-	-	1 348	-	1 348	-		
Government Employees Pension Fund	-	-	8	8	8	8		
Provincial Health: Limpopo	-	-	-	2 373	-	2 373		
Provincial Health: Gauteng	-	-	27	56	27	56		
Provincial Health: Free State	-	-	2 015	-	2 015	-		
	-	-	<b>3 407</b>	<b>2 437</b>	<b>3 407</b>	<b>2 437</b>		
<b>Other Government Entities</b>								
Global Fund (SARS VAT)	-	-	56 581	48 309	56 581	48 309		
Office of Health Standard Compliance (OHSC)	-	-	11	183	11	183		
CDC (SARS VAT)	-	-	14 396	10 791	14 396	10 791		
SAHPRA	-	-	26 720	-	26 720	-		
Coega & DBSA	-	-	25 234	-	25 234	-		
	-	-	<b>122 942</b>	<b>59 283</b>	<b>122 942</b>	<b>59 283</b>		
<b>TOTAL</b>	-	-	<b>126 349</b>	<b>61 720</b>	<b>126 349</b>	<b>61 720</b>		

## ANNEXURE 4

## INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2018/19	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>DEPARTMENTS</b>								
<b>Current</b>								
Provincial Health: Eastern Cape	-	-	5 214	81 475	5 214	81 475		
Provincial Health: Free State	-	-	3 764	268	3 764	268		
Provincial Health: Northern Cape	-	-	180	240	180	240		
Provincial Health: Gauteng	-	-	16 237	3	16 237	3		
Provincial Health: Limpopo	-	-	5 059	108 692	5 059	108 692		
Provincial Health: North West	-	-	27 262	114 359	27 262	114 359		

## Health Vote 16

## Annexures to the Annual Financial Statement for the Year ended 31 March 2019

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2018/19	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Provincial Health: Mpumalanga	-		4 737		4 737			
Provincial Health: KwaZulu/Natal	-	-	11 590	463	11 590	463		
Treasury (Global funds: RDP)	-	-	-	19 741	-	19 741		
NDoH – Transport JNLS	-	-	-	8 886	-	8 886		
<b>Subtotal</b>	<b>-</b>	<b>-</b>	<b>74 043</b>	<b>334 127</b>	<b>74 043</b>	<b>334 127</b>		
<b>OTHER GOVERNMENT ENTITY</b>								
<b>Current</b>								
	-	-		58		58		
<b>Subtotal</b>	<b>-</b>	<b>-</b>	<b>74 043</b>	<b>58</b>	<b>74 043</b>	<b>58</b>		
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>74 043</b>	<b>334 185</b>	<b>74 043</b>	<b>334 185</b>		

## ANNEXURE 5

## INVENTORIES

Inventory [Per major category]	Note	2018/19		2017/18	
		Quantity	R'000	Quantity	R'000
Opening balance		155 430	3 950	40 983	2 478
Add/(Less): Adjustments to prior year balance				-	-
Add: Additions/Purchases - Cash		106 184 333	130 511	135 037 013	294 273
Add: Additions - Non-cash		5 563	9 791	-	-
(Less): Issues		(106 174 599)	(125 775)	(133 067 555)	(191 775)
Less: Internal Transfers		-	-	(1 856 309)	(101 599)
Add/(Less): Adjustments		(72 870)	(13 076)	1 298	603
Add: Weighted average price				-	(30)
<b>Closing balance</b>		<b>97 857</b>	<b>5 401</b>	<b>155 430</b>	<b>3 950</b>

## ANNEXURE 6

## MOVEMENT IN CAPITAL WORK IN PROGRESS

## MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance	Current Year Capital WIP	Completed Assets	Closing balance
	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>733 866</b>	<b>591 035</b>	<b>(606 245)</b>	<b>718 656</b>
Other fixed structures	733 866	591 035	(606 245)	718 656
<b>TOTAL</b>	<b>733 866</b>	<b>591 035</b>	<b>(606 245)</b>	<b>718 656</b>

## Health Vote 16

## Annexures to the Annual Financial Statement for the Year ended 31 March 2019

## MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Prior period errors	Current Year Capital WIP	Completed Assets	Closing balance
	R'000	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>632 300</b>	<b>577 139</b>	<b>(475 573)</b>	<b>-</b>	<b>733 866</b>
Other fixed structures	632300	577 139	(475 573)	-	733 866
<b>TOTAL</b>	<b>632 300</b>	<b>577 139</b>	<b>(475 573)</b>	<b>-</b>	<b>733 866</b>

## ANNEXURE 7A

## INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018
	R'000	R'000	R'000	R'000	R'000	R'000
<b>NATIONAL DEPARTMENTS</b>						
<b>Current</b>						
DIRCO	-	-	1 727	7 192	1 727	7 192
GCIS	-	-	28 823	-	23 823	-
<b>Subtotal</b>	<b>-</b>	<b>-</b>	<b>25 550</b>	<b>7 192</b>	<b>25 550</b>	<b>7 192</b>
<b>PROVINCIAL DEPARTMENTS</b>						
<b>Current</b>						
Provincial Health: Western Cape	-	-	-	2 550	-	2 550
Provincial Health: Eastern Cape	-	-	6 550	-	6 550	-
Provincial Health: Free State	-	-	1 965	-	1 965	-
Provincial Health: Northern Cape	-	-	-	-	-	-
Provincial Health: Gauteng	-	-	14 126	-	14 126	-
Provincial Health: Limpopo	-	-	2 047	-	2 047	-
Provincial Health: North West	-	-	4 955	-	4 955	-
Provincial Health: Mpumalanga	-	-	5 451	-	5 451	-
Provincial Health: KwaZulu/Natal	-	-	11 701	-	11 701	-
<b>Subtotal</b>	<b>-</b>	<b>-</b>	<b>46 795</b>	<b>2 550</b>	<b>46 795</b>	<b>2 550</b>
<b>PUBLIC ENTITIES</b>						
<b>Current</b>						
DBSA: FET (94 clinics)	-	-	207 007	27 449	207 007	27 449
COEGA	-	-	37 137	27 056	37 137	27 056
<b>Subtotal</b>	<b>-</b>	<b>-</b>	<b>244 144</b>	<b>54 505</b>	<b>244 144</b>	<b>54 505</b>
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>316 489</b>	<b>64 247</b>	<b>316 489</b>	<b>64 247</b>

## Health Vote 16

Annexures to the Annual Financial Statement for the Year ended 31 March 2019

## ANNEXURE 7B


## INTER-ENTITY ADVANCES RECEIVED (note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018
	R'000	R'000	R'000	R'000	R'000	R'000
<b>PROVINCIAL DEPARTMENTS</b>						
<b>Current</b>						
Provincial Health: Eastern Cape	-	-	5 214	2 250	5 214	2 250
Provincial Health: Free State	-	-	3 764	1 352	3 764	1 352
Provincial Health: Northern Cape	-	-	180	240	180	240
Provincial Health: Gauteng Province	-	-	16 237	2	16 237	2
Provincial Health: Limpopo	-	-	5 059	-	5 059	-
Provincial Health: KwaZulu/ Natal	-	-	11 590	44 049	11 590	44 049
Provincial Health: North West	-	-	27 262	4 391	27 262	4 391
Provincial Health: Mpumalanga	-	-	4 737	-	4 737	-
<b>TOTAL</b>	-	-	<b>74 043</b>	<b>52 284</b>	<b>74 043</b>	<b>52 284</b>
<b>Current</b>	-	-	74 043	52 284	74 043	52 284
<b>Non-current</b>	-	-	-	-	-	-









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Switchboard: 012 395 8000

RP: 319/2019  
ISBN: 978-0-621-47838-9